

FACE SHEET  
FOR FILING ADMINISTRATIVE REGULATIONS  
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

Copy below is hereby certified to be a true and correct copy of regulations adopted, or amended, or an order of repeal by:

Benefit Payments

(Agency)

Dated: 6/25/75

By: [Signature]

Acting Director

(Title)

**FILED**  
In the office of the Secretary of State  
of the State of California

JUL 1 1975

12:25 clock noon M.

MARCO FERRERO, Secretary of State

[Signature]  
Deputy Secretary of State

DO NOT WRITE IN THIS SPACE

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After proceedings had in accordance with the provisions of the Administrative Procedure Act (Gov. Code, Title 2, Div. 3, Part 1, Chapter 4.5) and pursuant to the authority vested by Sections 10552, 10553, 10554 and 10604 of the Welfare and Institutions Code, the Department of Benefit Payments hereby repeals, amends, and adopts regulations referred to in Title 22, California Administrative Code, as hereinafter set forth.

**FINDING OF EMERGENCY**

The implementation of the following regulations is an emergency measure necessary for the immediate preservation of the public health, safety, and general welfare within the meaning of the provisions of Section 11421(b) of the Government Code:

Amend: Section 63-3200

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CONTINUATION SHEET  
FOR FILING ADMINISTRATIVE REGULATIONS  
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

## FINDING OF EMERGENCY

The following facts constitute the emergency:

1. FNS has mandated per letter received by the Department of Benefit Payments on May 6, 1975, that the State will implement revised food stamp basis of issuance tables on July 1, 1975, in accordance with FNS (FS) Instruction 732-1, Exhibit A, and with Section 7(a) of the Food Stamp Act, as amended, which provides that the value of Food Stamp Program coupon allotment will be adjusted to reflect changes in the price of food as determined by the Bureau of Labor Statistics.
2. The attached regulation changes will implement this federal mandate.
3. Since there is insufficient time to implement these regulation changes by July 1, 1975, under the nonemergency provisions for adopting regulations that are prescribed by the Administrative Procedures Act, it is necessary to adopt these regulations on an emergency basis, as provided in the Administrative Procedures Act.

The attached regulations are adopted on an emergency basis to become effective on July 1, 1975.

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**CONTINUATION SHEET  
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WITH THE SECRETARY OF STATE**

(Pursuant to Government Code Section 11380.1)

63-3200 TABLES OF COUPON ISSUANCE

63-3200

1. For issuance to households of up to 20 persons use the following tables:

State of California  
Health and Welfare Agency

Department of Benefit Payments  
July 1, 1975

Table 1

**FOOD STAMP PROGRAM  
Monthly**

**COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME)**

Household Size	1	2	3	4	5
Coupon Allotment	<u>\$48</u>	<u>\$90</u>	<u>\$128</u>	<u>\$162</u>	<u>\$192</u>
Adjusted Monthly Net Income	Monthly Purchase	Monthly Purchase	Monthly Purchase	Monthly Purchase	Monthly Purchase
\$ 0- 19.99	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
20- 29.99	1	1	0	0	0
30- 39.99	4	4	4	4	5
40- 49.99	6	7	7	7	8
50- 59.99	8	10	10	10	11
60- 69.99	10	12	13	13	14
70- 79.99	12	15	16	16	17
80- 89.99	14	18	19	19	20
90- 99.99	16	21	21	22	23
100- 109.99	18	23	24	25	26
110- 119.99	21	26	27	28	29
120- 129.99	24	29	30	31	33
130- 139.99	27	32	33	34	36
140- 149.99	30	35	36	37	39
150- 169.99	33	38	40	41	42
170- 189.99	36	44	46	47	48
190- 209.99	36	50	52	53	54
210- 229.99	38	56	58	59	60
230- 249.99	<u>1/</u>	62	64	65	66
250- 269.99		68	70	71	72
270- 289.99		70	76	77	78
290- 309.99		70	82	83	84
310- 329.99		<u>1/</u>	88	89	90
330- 359.99			94	95	96
360- 389.99			100	104	105
390- 419.99			109	113	114
420- 449.99			110	122	123
450- 479.99			<u>1/</u>	131	132
480- 509.99				138	141
510- 539.99				138	150
540- 569.99				138	159
570- 599.99				<u>1/</u>	164
600- 629.99					164
630-1					<u>1/</u>

1/ For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

Maximum Allowable Adjusted Monthly Net Income																				
Household Size	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20 <sup>+</sup>
Adjusted Monthly Net Income	\$215	300	427	540	640	740	833	926	999	1,072	1,145	1,218	1,291	1,364	1,437	1,510	1,583	1,656	1,729	1,802

\*For Each Additional Person in Excess of 20 Add \$73.

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**CONTINUATION SHEET**  
**FOR FILING ADMINISTRATIVE REGULATIONS**  
**WITH THE SECRETARY OF STATE**

(Pursuant to Government Code Section 11380.1)

63-3200 TABLES OF COUPON ISSUANCE (Continued)

63-3200

State of California  
 Health and Welfare Agency

Department of Benefit Payments

July 1, 1975

Table 1

## FOOD STAMP PROGRAM

## Monthly

COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME)

Household Size	6	7	8	9	10
Coupon Allotment	\$222	\$250	\$278	\$300	\$322
Adjusted Monthly Net Income	Monthly Purchase	Monthly Purchase	Monthly Purchase	Monthly Purchase	Monthly Purchase
\$ 0- 19.99	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
20- 29.99	0	0	0	0	0
30- 39.99	5	5	5	5	5
40- 49.99	8	8	8	8	8
50- 59.99	11	12	12	12	12
60- 69.99	14	15	16	16	16
70- 79.99	17	18	19	19	19
80- 89.99	21	21	22	22	22
90- 99.99	24	25	26	26	26
100- 109.99	27	28	29	29	29
110- 119.99	31	32	33	33	33
120- 129.99	34	35	36	36	36
130- 139.99	37	38	39	39	39
140- 149.99	40	41	42	42	42
150- 169.99	43	44	45	45	45
170- 189.99	49	50	51	51	51
190- 209.99	55	56	57	57	57
210- 229.99	61	62	63	63	63
230- 249.99	67	68	69	69	69
250- 269.99	73	74	75	75	75
270- 289.99	79	80	81	81	81
290- 309.99	85	86	87	87	87
310- 329.99	91	92	93	93	93
330- 359.99	97	98	99	99	99
360- 389.99	106	107	108	108	108
390- 419.99	115	116	117	117	117
420- 449.99	124	125	126	126	126
450- 479.99	133	134	135	135	135
480- 509.99	142	143	144	144	144
510- 539.99	151	152	153	153	153
540- 569.99	160	161	162	162	162
570- 599.99	169	170	171	171	171
600- 629.99	178	179	180	180	180
630- 659.99	187	188	189	189	189
660- 689.99	190	197	198	198	198
690- 719.99	190	206	207	207	207
720- 749.99	190	214	216	216	216
750- 779.99	1/	214	225	225	225
780- 809.99		214	234	234	234
810- 839.99		214	238	243	243
840- 869.99		1/	238	252	252
870- 899.99			238	256	261
900- 929.99			238	256	270
930- 959.99			1/	256	274
960- 989.99				256	274
990-1019.99				1/	274
1020-1049.99					274
1050-1079.99					274
1080-					1/

1/ For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

**CONTINUATION SHEET**  
**FOR FILING ADMINISTRATIVE REGULATIONS**  
**WITH THE SECRETARY OF STATE**

(Pursuant to Government Code Section 11380.1)

63-3200 TABLES OF COUPON ISSUANCE (Continued)

63-3200

State of California  
 Health and Welfare Agency

Department of Benefit Payments  
 July 1, 1975  
 Table 1

**FOOD STAMP PROGRAM**  
**MONTHLY**  
**COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME)**

Household Size	11	12	13	14	15
Coupon Allotment	\$344	\$366	\$388	\$410	\$432
Adjusted Monthly Net Income	Monthly Purchase	Monthly Purchase	Monthly Purchase	Monthly Purchase	Monthly Purchase
\$ 0- 19.99	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
20- 29.99	0	0	0	0	0
30- 39.99	5	5	5	5	5
40- 49.99	8	8	8	8	8
50- 59.99	12	12	12	12	12
60- 69.99	16	16	16	16	16
70- 79.99	19	19	19	19	19
80- 89.99	22	22	22	22	22
90- 99.99	26	26	26	26	26
100- 109.99	29	29	29	29	29
110- 119.99	33	33	33	33	33
120- 129.99	36	36	36	36	36
130- 139.99	39	39	39	39	39
140- 149.99	42	42	42	42	42
150- 169.99	45	45	45	45	45
170- 189.99	51	51	51	51	51
190- 209.99	57	57	57	57	57
210- 229.99	63	63	63	63	63
230- 249.99	69	69	69	69	69
250- 269.99	75	75	75	75	75
270- 289.99	81	81	81	81	81
290- 309.99	87	87	87	87	87
310- 329.99	93	93	93	93	93
330- 359.99	99	99	99	99	99
360- 389.99	108	108	108	108	108
390- 419.99	117	117	117	117	117
420- 449.99	126	126	126	126	126
450- 479.99	135	135	135	135	135
480- 509.99	144	144	144	144	144
510- 539.99	153	153	153	153	153
540- 569.99	162	162	162	162	162
570- 599.99	171	171	171	171	171
600- 629.99	180	180	180	180	180
630- 659.99	189	189	189	189	189
660- 689.99	198	198	198	198	198
690- 719.99	207	207	207	207	207
720- 749.99	216	216	216	216	216
750- 779.99	225	225	225	225	225
780- 809.99	234	234	234	234	234
810- 839.99	243	243	243	243	243
840- 869.99	252	252	252	252	252
870- 899.99	261	261	261	261	261
900- 929.99	270	270	270	270	270
930- 959.99	279	279	279	279	279
960- 989.99	288	288	288	288	288
990- 1019.99	292	297	297	297	297
1020- 1049.99	292	306	306	306	306
1050- 1079.99	292	310	315	315	315

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**CONTINUATION SHEET  
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(Pursuant to Government Code Section 11380.1)

63-3200 TABLES OF COUPON ISSUANCE (Continued)

63-3200

State of California  
Health and Welfare Agency

Department of Benefit Payments  
July 1, 1975  
Table 1

**FOOD STAMP PROGRAM  
Monthly**

COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME)

Household Size	16	17	18	19	20
Coupon Allotment	\$454	\$476	\$498	\$520	\$542
Adjusted Monthly Net Income	Monthly Purchase	Monthly Purchase	Monthly Purchase	Monthly Purchase	Monthly Purchase
\$ 0- 19.99	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
20- 29.99	0	0	0	0	0
30- 39.99	5	5	5	5	5
40- 49.99	8	8	8	8	8
50- 59.99	12	12	12	12	12
60- 69.99	16	16	16	16	16
70- 79.99	19	19	19	19	19
80- 89.99	22	22	22	22	22
90- 99.99	26	26	26	26	26
100- 109.99	29	29	29	29	29
110- 119.99	33	33	33	33	33
120- 129.99	36	36	36	36	36
130- 139.99	39	39	39	39	39
140- 149.99	42	42	42	42	42
150- 169.99	45	45	45	45	45
170- 189.99	51	51	51	51	51
190- 209.99	57	57	57	57	57
210- 229.99	63	63	63	63	63
230- 249.99	69	69	69	69	69
250- 269.99	75	75	75	75	75
270- 289.99	81	81	81	81	81
290- 309.99	87	87	87	87	87
310- 329.99	93	93	93	93	93
330- 359.99	99	99	99	99	99
360- 389.99	108	108	108	108	108
390- 419.99	117	117	117	117	117
420- 449.99	126	126	126	126	126
450- 479.99	135	135	135	135	135
480- 509.99	144	144	144	144	144
510- 539.99	153	153	153	153	153
540- 569.99	162	162	162	162	162
570- 599.99	171	171	171	171	171
600- 629.99	180	180	180	180	180
630- 659.99	189	189	189	189	189
660- 689.99	198	198	198	198	198
690- 719.99	207	207	207	207	207
720- 749.99	216	216	216	216	216
750- 779.99	225	225	225	225	225
780- 809.99	234	234	234	234	234
810- 839.99	243	243	243	243	243
840- 869.99	252	252	252	252	252
870- 899.99	261	261	261	261	261
900- 929.99	270	270	270	270	270
930- 959.99	279	279	279	279	279
960- 989.99	288	288	288	288	288
990- 1019.99	297	297	297	297	297
1020- 1049.99	306	306	306	306	306
1050- 1079.99	315	315	315	315	315

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**CONTINUATION SHEET  
FOR FILING ADMINISTRATIVE REGULATIONS  
WITH THE SECRETARY OF STATE**

(Pursuant to Government Code Section 11380.1)

63-3200 TABLES OF COUPON ISSUANCE (Continued)

63-3200

State of California  
Health and Welfare Agency

Department of Benefit Payments

July 1, 1975

Table 2

**FOOD STAMP PROGRAM  
THREE QUARTER-MONTHLY  
COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME)**

Household Size	1	2	3	4	5
Coupon Allotment	\$36	\$68	\$96	\$122	\$144
Adjusted Monthly Net Income	Three Quarter-Monthly Purchase	Three Quarter-Monthly Purchase	Three Quarter-Monthly Purchase	Three Quarter-Monthly Purchase	Three Quarter-Monthly Purchase
\$ 0- 19.99	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
20- 29.99	0.75	0.75	0.00	0.00	0.00
30- 39.99	3.00	3.00	3.00	3.00	3.75
40- 49.99	4.50	5.25	5.25	5.25	6.00
50- 59.99	6.00	7.50	7.50	7.50	8.25
60- 69.99	7.50	9.00	9.75	9.75	10.50
70- 79.99	9.00	11.25	12.00	12.00	12.75
80- 89.99	10.50	13.50	14.25	14.25	15.00
90- 99.99	12.00	15.75	15.75	16.50	17.25
100- 109.99	13.50	17.25	18.00	18.75	19.50
110- 119.99	15.75	19.50	20.25	21.00	21.75
120- 129.99	18.00	21.75	22.50	23.25	24.75
130- 139.99	20.25	24.00	24.75	25.50	27.00
140- 149.99	22.50	26.25	27.00	27.75	29.25
150- 169.99	24.75	28.50	30.00	30.75	31.50
170- 189.99	27.00	33.00	34.50	35.25	36.00
190- 209.99	27.00	37.50	39.00	39.75	40.50
210- 229.99	28.50	42.00	43.50	44.25	45.00
230- 249.99	1/	46.50	48.00	48.75	49.50
250- 269.99		51.00	52.50	53.25	54.00
270- 289.99		52.50	57.00	57.75	58.50
290- 309.99		52.50	61.50	62.25	63.00
310- 329.99		1/	66.00	66.75	67.50
330- 359.99			70.50	71.25	72.00
360- 389.99			75.00	78.00	78.75
390- 419.99			81.75	84.75	85.50
420- 449.99			82.50	91.50	92.25
450- 479.99			1/	98.25	99.00
480- 509.99				103.50	105.75
510- 539.99				103.50	112.50
540- 569.99				103.50	119.25
570- 599.99				1/	123.00
600- 629.99					123.00
630- 659.99					123.00
660-					1/

1/ For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

Maximum Allowable Adjusted Monthly Net Income																				
Household Size	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20+
Adjusted Monthly Net Income	\$215	300	427	540	640	740	833	926	999	1,072	1,145	1,218	1,291	1,364	1,437	1,510	1,583	1,656	1,729	1,802

\*For Each Additional Person in Excess of 20 Add \$73.

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(Pursuant to Government Code Section 11380.1)

63-3200 TABLES OF COUPON ISSUANCE (Continued)

63-3200

State of California  
Health and Welfare Agency

Department of Benefit Payments  
July 1, 1975

Table 2

## FOOD STAMP PROGRAM

Three Quarter-Monthly

COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME)

Household Size	6	7	8	9	10
Coupon Allotment	\$167	\$188	\$209	\$225	\$242
Adjusted Monthly Net Income	Three Quarter-Monthly Purchase	Three Quarter-Monthly Purchase	Three Quarter-Monthly Purchase	Three Quarter-Monthly Purchase	Three Quarter-Monthly Purchase
\$ 0- 19.99	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
20- 29.99	0.00	0.00	0.00	0.00	0.00
30- 39.99	3.75	3.75	3.75	3.75	3.75
40- 49.99	6.00	6.00	6.00	6.00	6.00
50- 59.99	8.25	9.00	9.00	9.00	9.00
60- 69.99	10.50	11.25	12.00	12.00	12.00
70- 79.99	12.75	13.50	14.25	14.25	14.25
80- 89.99	15.75	15.75	16.50	16.50	16.50
90- 99.99	18.00	18.75	19.50	19.50	19.50
100- 109.99	20.25	21.00	21.75	21.75	21.75
110- 119.99	23.25	24.00	24.75	24.75	24.75
120- 129.99	25.50	26.25	27.00	27.00	27.00
130- 139.99	27.75	28.50	29.25	29.25	29.25
140- 149.99	30.00	30.75	31.50	31.50	31.50
150- 169.99	32.25	33.00	33.75	33.75	33.75
170- 189.99	36.75	37.50	38.25	38.25	38.25
190- 209.99	41.25	42.00	42.75	42.75	42.75
210- 229.99	45.75	46.50	47.25	47.25	47.25
230- 249.99	50.25	51.00	51.75	51.75	51.75
250- 269.99	54.75	55.50	56.25	56.25	56.25
270- 289.99	59.25	60.00	60.75	60.75	60.75
290- 309.99	63.75	64.50	65.25	65.25	65.25
310- 329.99	68.25	69.00	69.75	69.75	69.75
330- 359.99	72.75	73.50	74.25	74.25	74.25
360- 389.99	79.50	80.25	81.00	81.00	81.00
390- 419.99	86.25	87.00	87.75	87.75	87.75
420- 449.99	93.00	93.75	94.50	94.50	94.50
450- 479.99	99.75	100.50	101.25	101.25	101.25
480- 509.99	106.50	107.25	108.00	108.00	108.00
510- 539.99	113.25	114.00	114.75	114.75	114.75
540- 569.99	120.00	120.75	121.50	121.50	121.50
570- 599.99	126.75	127.50	128.25	128.25	128.25
600- 629.99	133.50	134.25	135.00	135.00	135.00
630- 659.99	140.25	141.00	141.75	141.75	141.75
660- 689.99	142.50	147.75	148.50	148.50	148.50
690- 719.99	142.50	154.50	155.25	155.25	155.25
720- 749.99	142.50	160.50	162.00	162.00	162.00
750- 779.99	1/	160.50	168.75	168.75	168.75
780- 809.99		160.50	175.50	175.50	175.50
810- 839.99		160.50	178.50	182.25	182.25
840- 869.99		1/	178.50	189.00	189.00
870- 899.99			178.50	192.00	195.75
900- 929.99			178.50	192.00	202.50
930- 959.99			1/	192.00	205.50
960- 989.99				192.00	205.50
990- 1019.99				1/	205.50
1020- 1049.99					205.50
1050- 1079.99					205.50
1080-					1/

1/ For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed

**CONTINUATION SHEET**  
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(Pursuant to Government Code Section 11380.1)

63-3200 TABLES OF COUPON ISSUANCE (Continued)

63-3200

State of California  
 Health and Welfare Agency

Department of Benefit Payments

July 1, 1975

Table 2

**FOOD STAMP PROGRAM**  
**THREE QUARTER-MONTHLY**

COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME)

Household Size	11	12	13	14	15
Coupon Allotment	\$258	\$275	\$291	\$308	\$324
Adjusted Monthly Net Income	Three Quarter-Monthly Purchase	Three Quarter-Monthly Purchase	Three Quarter-Monthly Purchase	Three Quarter-Monthly Purchase	Three Quarter-Monthly Purchase
\$ 0- 19.99	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
20- 29.99	0.00	0.00	0.00	0.00	0.00
30- 39.99	3.75	3.75	3.75	3.75	3.75
40- 49.99	6.00	6.00	6.00	6.00	6.00
50- 59.99	9.00	9.00	9.00	9.00	9.00
60- 69.99	12.00	12.00	12.00	12.00	12.00
70- 79.99	14.25	14.25	14.25	14.25	14.25
80- 89.99	16.50	16.50	16.50	16.50	16.50
90- 99.99	19.50	19.50	19.50	19.50	19.50
100- 109.99	21.75	21.75	21.75	21.75	21.75
110- 119.99	24.75	24.75	24.75	24.75	24.75
120- 129.99	27.00	27.00	27.00	27.00	27.00
130- 139.99	29.25	29.25	29.25	29.25	29.25
140- 149.99	31.50	31.50	31.50	31.50	31.50
150- 169.99	33.75	33.75	33.75	33.75	33.75
170- 189.99	38.25	38.25	38.25	38.25	38.25
190- 209.99	42.75	42.75	42.75	42.75	42.75
210- 229.99	47.25	47.25	47.25	47.25	47.25
230- 249.99	51.75	51.75	51.75	51.75	51.75
250- 269.99	56.25	56.25	56.25	56.25	56.25
270- 289.99	60.75	60.75	60.75	60.75	60.75
290- 309.99	65.25	65.25	65.25	65.25	65.25
310- 329.99	69.75	69.75	69.75	69.75	69.75
330- 359.99	74.25	74.25	74.25	74.25	74.25
360- 389.99	81.00	81.00	81.00	81.00	81.00
390- 419.99	87.75	87.75	87.75	87.75	87.75
420- 449.99	94.50	94.50	94.50	94.50	94.50
450- 479.99	101.25	101.25	101.25	101.25	101.25
480- 509.99	108.00	108.00	108.00	108.00	108.00
510- 539.99	114.75	114.75	114.75	114.75	114.75
540- 569.99	121.50	121.50	121.50	121.50	121.50
570- 599.99	128.25	128.25	128.25	128.25	128.25
600- 629.99	135.00	135.00	135.00	135.00	135.00
630- 659.99	141.75	141.75	141.75	141.75	141.75
660- 689.99	148.50	148.50	148.50	148.50	148.50
690- 719.99	155.25	155.25	155.25	155.25	155.25
720- 749.99	162.00	162.00	162.00	162.00	162.00
750- 779.99	168.75	168.75	168.75	168.75	168.75
780- 809.99	175.50	175.50	175.50	175.50	175.50
810- 839.99	182.25	182.25	182.25	182.25	182.25
840- 869.99	189.00	189.00	189.00	189.00	189.00
870- 899.99	195.75	195.75	195.75	195.75	195.75
900- 929.99	202.50	202.50	202.50	202.50	202.50
930- 959.99	209.25	209.25	209.25	209.25	209.25
960- 989.99	216.00	216.00	216.00	216.00	216.00
990- 1019.99	219.00	222.75	222.75	222.75	222.75
1020- 1049.99	219.00	229.50	229.50	229.50	229.50
1050- 1079.99	219.00	232.50	236.25	236.25	236.25

DO NOT WRITE IN THIS SPACE



**CONTINUATION SHEET**  
**FOR FILING ADMINISTRATIVE REGULATIONS**  
**WITH THE SECRETARY OF STATE**

(Pursuant to Government Code Section 11380.1)

63-3200 TABLES OF COUPON ISSUANCE (Continued)

63-3200

State of California  
 Health and Welfare Agency

Department of Benefit Payments  
 July 1, 1975  
 Table 2

**FOOD STAMP PROGRAM**  
**THREE QUARTER-MONTHLY**  
**COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME)**

Household Size	16	17	18	19	20
Coupon Allotment	\$341	\$357	\$374	\$390	\$407
Adjusted Monthly Net Income	Three Quarter-Monthly Purchase	Three Quarter-Monthly Purchase	Three Quarter-Monthly Purchase	Three Quarter-Monthly Purchase	Three Quarter-Monthly Purchase
\$ 0- 19.99	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
20- 29.99	0.00	0.00	0.00	0.00	0.00
30- 39.99	3.75	3.75	3.75	3.75	3.75
40- 49.99	6.00	6.00	6.00	6.00	6.00
50- 59.99	9.00	9.00	9.00	9.00	9.00
60- 69.99	12.00	12.00	12.00	12.00	12.00
70- 79.99	14.25	14.25	14.25	14.25	14.25
80- 89.99	16.50	16.50	16.50	16.50	16.50
90- 99.99	19.50	19.50	19.50	19.50	19.50
100- 109.99	21.75	21.75	21.75	21.75	21.75
110- 119.99	24.75	24.75	24.75	24.75	24.75
120- 129.99	27.00	27.00	27.00	27.00	27.00
130- 139.99	29.25	29.25	29.25	29.25	29.25
140- 149.99	31.50	31.50	31.50	31.50	31.50
150- 169.99	33.75	33.75	33.75	33.75	33.75
170- 189.99	38.25	38.25	38.25	38.25	38.25
190- 209.99	42.75	42.75	42.75	42.75	42.75
210- 229.99	47.25	47.25	47.25	47.25	47.25
230- 249.99	51.75	51.75	51.75	51.75	51.75
250- 269.99	56.25	56.25	56.25	56.25	56.25
270- 289.99	60.75	60.75	60.75	60.75	60.75
290- 309.99	65.25	65.25	65.25	65.25	65.25
310- 329.99	69.75	69.75	69.75	69.75	69.75
330- 359.99	74.25	74.25	74.25	74.25	74.25
360- 389.99	81.00	81.00	81.00	81.00	81.00
390- 419.99	87.75	87.75	87.75	87.75	87.75
420- 449.99	94.50	94.50	94.50	94.50	94.50
450- 479.99	101.25	101.25	101.25	101.25	101.25
480- 509.99	108.00	108.00	108.00	108.00	108.00
510- 539.99	114.75	114.75	114.75	114.75	114.75
540- 569.99	121.50	121.50	121.50	121.50	121.50
570- 599.99	128.25	128.25	128.25	128.25	128.25
600- 629.99	135.00	135.00	135.00	135.00	135.00
630- 659.99	141.75	141.75	141.75	141.75	141.75
660- 689.99	148.50	148.50	148.50	148.50	148.50
690- 719.99	155.25	155.25	155.25	155.25	155.25
720- 749.99	162.00	162.00	162.00	162.00	162.00
750- 779.99	168.75	168.75	168.75	168.75	168.75
780- 809.99	175.50	175.50	175.50	175.50	175.50
810- 839.99	182.25	182.25	182.25	182.25	182.25
840- 869.99	189.00	189.00	189.00	189.00	189.00
870- 899.99	195.75	195.75	195.75	195.75	195.75
900- 929.99	202.50	202.50	202.50	202.50	202.50
930- 959.99	209.25	209.25	209.25	209.25	209.25
960- 989.99	216.00	216.00	216.00	216.00	216.00
990- 1019.99	222.75	222.75	222.75	222.75	222.75
1020- 1049.99	229.50	229.50	229.50	229.50	229.50
1050- 1079.99	236.25	236.25	236.25	236.25	236.25

DO NOT WRITE IN THIS SPACE



**CONTINUATION SHEET**  
**FOR FILING ADMINISTRATIVE REGULATIONS**  
**WITH THE SECRETARY OF STATE**

(Pursuant to Government Code Section 11380.1)

63-3200 TABLES OF COUPON ISSUANCE (Continued)

63-3200

State of California  
 Health and Welfare Agency

Department of Benefit Payments

July 1, 1975  
 Table 3

**FOOD STAMP PROGRAM**  
**SEMI-MONTHLY**

**COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME)**

Household Size	1	2	3	4	5
Coupon Allotment	\$24	\$45	\$64	\$81	\$96
Adjusted Monthly Net Income	Semi-monthly Purchase	Semi-monthly Purchase	Semi-monthly Purchase	Semi-monthly Purchase	Semi-monthly Purchase
\$ 0- 19.99	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
20- 29.99	0.50	0.50	0.00	0.00	0.00
30- 39.99	2.00	2.00	2.00	2.00	2.50
40- 49.99	3.00	3.50	3.50	3.50	4.00
50- 59.99	4.00	5.00	5.00	5.00	5.50
60- 69.99	5.00	6.00	6.50	6.50	7.00
70- 79.99	6.00	7.50	8.00	8.00	8.50
80- 89.99	7.00	9.00	9.50	9.50	10.00
90- 99.99	8.00	10.50	10.50	11.00	11.50
100- 109.99	9.00	11.50	12.00	12.50	13.00
110- 119.99	10.50	13.00	13.50	14.00	14.50
120- 129.99	12.00	14.50	15.00	15.50	16.50
130- 139.99	13.50	16.00	16.50	17.00	18.00
140- 149.99	15.00	17.50	18.00	18.50	19.50
150- 169.99	16.50	19.00	20.00	20.50	21.00
170- 189.99	18.00	22.00	23.00	23.50	24.00
190- 209.99	18.00	25.00	26.00	26.50	27.00
210- 229.99	19.00	28.00	29.00	29.50	30.00
230- 249.99	1/	31.00	32.00	32.50	33.00
250- 269.99		34.00	35.00	35.50	36.00
270- 289.99		35.00	38.00	38.50	39.00
290- 309.99		35.00	41.00	41.50	42.00
310- 329.99		1/	44.00	44.50	45.00
330- 359.99			47.00	47.50	48.00
360- 389.99			50.00	52.00	52.50
390- 419.99			54.50	56.50	57.00
420- 449.99			55.00	61.00	61.50
450- 479.99			1/	65.50	66.00
480- 509.99				69.00	70.50
510- 539.99				69.00	75.00
540- 569.99				69.00	79.50
570- 599.99				1/	82.00
600- 629.99					82.00
630-659.99					82.00
660-					1/

1/ For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

Maximum Allowable Adjusted Monthly Net Income																				
Household Size	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20+
Adjusted Monthly Net Income	\$215	300	427	540	640	740	833	926	999	1,072	1,145	1,218	1,291	1,364	1,437	1,510	1,583	1,656	1,729	1,802

\*For Each Additional Person In Excess of 20 Add \$73.

DO NOT WRITE IN THIS SPACE

**CONTINUATION SHEET**  
**FOR FILING ADMINISTRATIVE REGULATIONS**  
**WITH THE SECRETARY OF STATE**

(Pursuant to Government Code Section 11380.1)

63-3200 TABLES OF COUPON ISSUANCE (Continued)

63-3200

State of California  
 Health and Welfare Agency

Department of Benefit Payments  
 July 1, 1975  
 Table 3

**FOOD STAMP PROGRAM**  
**SemiMonthly**

COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME)

Household Size	6	7	8	9	10
Coupon Allotment	\$111	\$125	\$139	\$150	\$161
Adjusted Monthly Net Income	SemiMonthly Purchase	SemiMonthly Purchase	SemiMonthly Purchase	SemiMonthly Purchase	SemiMonthly Purchase
\$ 0- 19.99	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
20- 29.99	0.00	0.00	0.00	0.00	0.00
30- 39.99	2.50	2.50	2.50	2.50	2.50
40- 49.99	4.00	4.00	4.00	4.00	4.00
50- 59.99	5.50	6.00	6.00	6.00	6.00
60- 69.99	7.00	7.50	8.00	8.00	8.00
70- 79.99	8.50	9.00	9.50	9.50	9.50
80- 89.99	10.50	10.50	11.00	11.00	11.00
90- 99.99	12.00	12.50	13.00	13.00	13.00
100- 109.99	13.50	14.00	14.50	14.50	14.50
110- 119.99	15.50	16.00	16.50	16.50	16.50
120- 129.99	17.00	17.50	18.00	18.00	18.00
130- 139.99	18.50	19.00	19.50	19.50	19.50
140- 149.99	20.00	20.50	21.00	21.00	21.00
150- 169.99	21.50	22.00	22.50	22.50	22.50
170- 189.99	24.50	25.00	25.50	25.50	25.50
190- 209.99	27.50	28.00	28.50	28.50	28.50
210- 229.99	30.50	31.00	31.50	31.50	31.50
230- 249.99	33.50	34.00	34.50	34.50	34.50
250- 269.99	36.50	37.00	37.50	37.50	37.50
270- 289.99	39.50	40.00	40.50	40.50	40.50
290- 309.99	42.50	43.00	43.50	43.50	43.50
310- 329.99	45.50	46.00	46.50	46.50	46.50
330- 359.99	48.50	49.00	49.50	49.50	49.50
360- 389.99	53.00	53.50	54.00	54.00	54.00
390- 419.99	57.50	58.00	58.50	58.50	58.50
420- 449.99	62.00	62.50	63.00	63.00	63.00
450- 479.99	66.50	67.00	67.50	67.50	67.50
480- 509.99	71.00	71.50	72.00	72.00	72.00
510- 539.99	75.50	76.00	76.50	76.50	76.50
540- 569.99	80.00	80.50	81.00	81.00	81.00
570- 599.99	84.50	85.00	85.50	85.50	85.50
600- 629.99	89.00	89.50	90.00	90.00	90.00
630- 659.99	93.50	94.00	94.50	94.50	94.50
660- 689.99	95.00	98.50	99.00	99.00	99.00
690- 719.99	95.00	103.00	103.50	103.50	103.50
720- 749.99	95.00	107.00	108.00	108.00	108.00
750- 779.99	1/	107.00	112.50	112.50	112.50
780- 809.99		107.00	117.00	117.00	117.00
810- 839.99		107.00	119.00	121.50	121.50
840- 869.99		1/	119.00	126.00	126.00
870- 899.99			119.00	128.00	130.50
900- 929.99			119.00	128.00	135.00
930- 959.99			1/	128.00	137.00
960- 989.99				128.00	137.00
990-1019.99				1/	137.00
1020-1049.99					137.00
1050-1079.99					137.00
1080-					1/

1/ For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

DO NOT WRITE IN THIS SPACE



**CONTINUATION SHEET**  
**FOR FILING ADMINISTRATIVE REGULATIONS**  
**WITH THE SECRETARY OF STATE**

(Pursuant to Government Code Section 11380.1)

63-3200 TABLES OF COUPON ISSUANCE (Continued)

63-3200

State of California  
 Health and Welfare Agency

Department of Benefit Payments

July 1, 1975  
 Table 3

## FOOD STAMP PROGRAM

Semimonthly

COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME)

Household Size	11	12	13	14	15
Coupon Allotment	\$172	\$183	\$194	\$205	\$216
Adjusted Monthly Net Income	Semimonthly Purchase	Semimonthly Purchase	Semimonthly Purchase	Semimonthly Purchase	Semimonthly Purchase
\$ 0- 19.99	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
20- 29.99	0.00	0.00	0.00	0.00	0.00
30- 39.99	2.50	2.50	2.50	2.50	2.50
40- 49.99	4.00	4.00	4.00	4.00	4.00
50- 59.99	6.00	6.00	6.00	6.00	6.00
60- 69.99	8.00	8.00	8.00	8.00	8.00
70- 79.99	9.50	9.50	9.50	9.50	9.50
80- 89.99	11.00	11.00	11.00	11.00	11.00
90- 99.99	13.00	13.00	13.00	13.00	13.00
100- 109.99	14.50	14.50	14.50	14.50	14.50
110- 119.99	16.50	16.50	16.50	16.50	16.50
120- 129.99	18.00	18.00	18.00	18.00	18.00
130- 139.99	19.50	19.50	19.50	19.50	19.50
140- 149.99	21.00	21.00	21.00	21.00	21.00
150- 169.99	22.50	22.50	22.50	22.50	22.50
170- 189.99	25.50	25.50	25.50	25.50	25.50
190- 209.99	28.50	28.50	28.50	28.50	28.50
210- 229.99	31.50	31.50	31.50	31.50	31.50
230- 249.99	34.50	34.50	34.50	34.50	34.50
250- 269.99	37.50	37.50	37.50	37.50	37.50
270- 289.99	40.50	40.50	40.50	40.50	40.50
290- 309.99	43.50	43.50	43.50	43.50	43.50
310- 329.99	46.50	46.50	46.50	46.50	46.50
330- 359.99	49.50	49.50	49.50	49.50	49.50
360- 389.99	54.00	54.00	54.00	54.00	54.00
390- 419.99	58.50	58.50	58.50	58.50	58.50
420- 449.99	63.00	63.00	63.00	63.00	63.00
450- 479.99	67.50	67.50	67.50	67.50	67.50
480- 509.99	72.00	72.00	72.00	72.00	72.00
510- 539.99	76.50	76.50	76.50	76.50	76.50
540- 569.99	81.00	81.00	81.00	81.00	81.00
570- 599.99	85.50	85.50	85.50	85.50	85.50
600- 629.99	90.00	90.00	90.00	90.00	90.00
630- 659.99	94.50	94.50	94.50	94.50	94.50
660- 689.99	99.00	99.00	99.00	99.00	99.00
690- 719.99	103.50	103.50	103.50	103.50	103.50
720- 749.99	108.00	108.00	108.00	108.00	108.00
750- 779.99	112.50	112.50	112.50	112.50	112.50
780- 809.99	117.00	117.00	117.00	117.00	117.00
810- 839.99	121.50	121.50	121.50	121.50	121.50
840- 869.99	126.00	126.00	126.00	126.00	126.00
870- 899.99	130.50	130.50	130.50	130.50	130.50
900- 929.99	135.00	135.00	135.00	135.00	135.00
930- 959.99	139.50	139.50	139.50	139.50	139.50
960- 989.99	144.00	144.00	144.00	144.00	144.00
990- 1019.99	148.50	148.50	148.50	148.50	148.50
1020- 1049.99	153.00	153.00	153.00	153.00	153.00
1050- 1079.99	157.50	157.50	157.50	157.50	157.50

DO NOT WRITE IN THIS SPACE



**CONTINUATION SHEET**  
**FOR FILING ADMINISTRATIVE REGULATIONS**  
**WITH THE SECRETARY OF STATE**

(Pursuant to Government Code Section 11380.1)

63-3200 TABLES OF COUPON ISSUANCE (Continued)

63-3200

State of California  
 Health and Welfare Agency

Department of Benefit Payments  
 July 1, 1975  
 Table 3

**FOOD STAMP PROGRAM**  
**SEMIMONTHLY**

**COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME)**

Household Size	16	17	18	19	20
Coupon Allotment	\$227	\$238	\$249	\$260	\$271
Adjusted Monthly Net Income	Semimonthly Purchase	Semimonthly Purchase	Semimonthly Purchase	Semimonthly Purchase	Semimonthly Purchase
\$ 0- 19.99	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
20- 29.99	0.00	0.00	0.00	0.00	0.00
30- 39.99	2.50	2.50	2.50	2.50	2.50
40- 49.99	4.00	4.00	4.00	4.00	4.00
50- 59.99	6.00	6.00	6.00	6.00	6.00
60- 69.99	8.00	8.00	8.00	8.00	8.00
70- 79.99	9.50	9.50	9.50	9.50	9.50
80- 89.99	11.00	11.00	11.00	11.00	11.00
90- 99.99	13.00	13.00	13.00	13.00	13.00
100- 109.99	14.50	14.50	14.50	14.50	14.50
110- 119.99	16.50	16.50	16.50	16.50	16.50
120- 129.99	18.00	18.00	18.00	18.00	18.00
130- 139.99	19.50	19.50	19.50	19.50	19.50
140- 149.99	21.00	21.00	21.00	21.00	21.00
150- 169.99	22.50	22.50	22.50	22.50	22.50
170- 189.99	25.50	25.50	25.50	25.50	25.50
190- 209.99	28.50	28.50	28.50	28.50	28.50
210- 229.99	31.50	31.50	31.50	31.50	31.50
230- 249.99	34.50	34.50	34.50	34.50	34.50
250- 269.99	37.50	37.50	37.50	37.50	37.50
270- 289.99	40.50	40.50	40.50	40.50	40.50
290- 309.99	43.50	43.50	43.50	43.50	43.50
310- 329.99	46.50	46.50	46.50	46.50	46.50
330- 359.99	49.50	49.50	49.50	49.50	49.50
360- 389.99	54.00	54.00	54.00	54.00	54.00
390- 419.99	58.50	58.50	58.50	58.50	58.50
420- 449.99	63.00	63.00	63.00	63.00	63.00
450- 479.99	67.50	67.50	67.50	67.50	67.50
480- 509.99	72.00	72.00	72.00	72.00	72.00
510- 539.99	76.50	76.50	76.50	76.50	76.50
540- 569.99	81.00	81.00	81.00	81.00	81.00
570- 599.99	85.50	85.50	85.50	85.50	85.50
600- 629.99	90.00	90.00	90.00	90.00	90.00
630- 659.99	94.50	94.50	94.50	94.50	94.50
660- 689.99	99.00	99.00	99.00	99.00	99.00
690- 719.99	103.50	103.50	103.50	103.50	103.50
720- 749.99	108.00	108.00	108.00	108.00	108.00
750- 779.99	112.50	112.50	112.50	112.50	112.50
780- 809.99	117.00	117.00	117.00	117.00	117.00
810- 839.99	121.50	121.50	121.50	121.50	121.50
840- 869.99	126.00	126.00	126.00	126.00	126.00
870- 899.99	130.50	130.50	130.50	130.50	130.50
900- 929.99	135.00	135.00	135.00	135.00	135.00
930- 959.99	139.50	139.50	139.50	139.50	139.50
960- 989.99	144.00	144.00	144.00	144.00	144.00
990- 1019.99	148.50	148.50	148.50	148.50	148.50
1020- 1049.99	153.00	153.00	153.00	153.00	153.00
1050- 1079.99	157.50	157.50	157.50	157.50	157.50

DO NOT WRITE IN THIS SPACE



**CONTINUATION SHEET  
FOR FILING ADMINISTRATIVE REGULATIONS  
WITH THE SECRETARY OF STATE**

(Pursuant to Government Code Section 11380.1)

63-3200 TABLES OF COUPON ISSUANCE (Continued)

63-3200

State of California  
Health and Welfare Agency

Department of Benefit Payments  
July 1, 1975  
Table 4

**FOOD STAMP PROGRAM  
Quarter-Monthly  
COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME)**

Household Size	1	2	3	4	5
Coupon Allotment	\$12	\$23	\$32	\$41	\$48
Adjusted Monthly Net Income	Quarter-Monthly Purchase	Quarter-Monthly Purchase	Quarter-Monthly Purchase	Quarter-Monthly Purchase	Quarter-Monthly Purchase
\$ 0- 19.99	\$0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
20- 29.99	0.25	0.25	0.00	0.00	0.00
30- 39.99	1.00	1.00	1.00	1.00	1.25
40- 49.99	1.50	1.75	1.75	1.75	2.00
50- 59.99	2.00	2.50	2.50	2.50	2.75
60- 69.99	2.50	3.00	3.25	3.25	3.50
70- 79.99	3.00	3.75	4.00	4.00	4.25
80- 89.99	3.50	4.50	4.75	4.75	5.00
90- 99.99	4.00	5.25	5.25	5.50	5.75
100- 109.99	4.50	5.75	6.00	6.25	6.50
110- 119.99	5.25	6.50	6.75	7.00	7.25
120- 129.99	6.00	7.25	7.50	7.75	8.25
130- 139.99	6.75	8.00	8.25	8.50	9.00
140- 149.99	7.50	8.75	9.00	9.25	9.75
150- 169.99	8.25	9.50	10.00	10.25	10.50
170- 189.99	9.00	11.00	11.50	11.75	12.00
190- 209.99	9.00	12.50	13.00	13.25	13.50
210- 229.99	9.50	14.00	14.50	14.75	15.00
230- 249.99	1/	15.50	16.00	16.25	16.50
250- 269.99		17.00	17.50	17.75	18.00
270- 289.99		17.50	19.00	19.25	19.50
290- 309.99		17.50	20.50	20.75	21.00
310- 329.99		1/	22.00	22.25	22.50
330- 359.99			23.50	23.75	24.00
360- 389.99			25.00	26.00	26.25
390- 419.99			27.25	28.25	28.50
420- 449.99			27.50	30.50	30.75
450- 479.99			1/	32.75	33.00
480- 509.99				34.50	35.25
510- 539.99				34.50	37.50
540- 569.99				34.50	39.75
570- 599.99				1/	41.00
600- 629.99					41.00
630- 659.99					41.00
660-					1/

1/ For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

Maximum Allowable Adjusted Monthly Net Income																				
Household Size	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20+
Adjusted Monthly Net Income	\$215	300	427	540	640	740	833	926	999	1,072	1,145	1,218	1,291	1,364	1,437	1,510	1,583	1,656	1,729	1,802

\*For Each Additional Person in Excess of 20 Add \$73.

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**CONTINUATION SHEET**  
**FOR FILING ADMINISTRATIVE REGULATIONS**  
**WITH THE SECRETARY OF STATE**

(Pursuant to Government Code Section 11380.1)

63-3200 TABLES OF COUPON ISSUANCE (Continued)

63-3200

State of California  
 Health and Welfare Agency

Department of Benefit Payments  
 July 1, 1975  
 Table 4

**FOOD STAMP PROGRAM**  
**Quarter-Monthly**

**COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME)**

Household Size	6	7	8	9	10
Coupon Allotment	\$56	\$63	\$70	\$75	\$81
Adjusted Monthly Net Income	Quarter-Monthly Purchase	Quarter-Monthly Purchase	Quarter-Monthly Purchase	Quarter-Monthly Purchase	Quarter-Monthly Purchase
\$ 0- 19.99	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
20- 29.99	0.00	0.00	0.00	0.00	0.00
30- 39.99	1.25	1.25	1.25	1.25	1.25
40- 49.99	2.00	2.00	2.00	2.00	2.00
50- 59.99	2.75	3.00	3.00	3.00	3.00
60- 69.99	3.50	3.75	4.00	4.00	4.00
70- 79.99	4.25	4.50	4.75	4.75	4.75
80- 89.99	5.25	5.25	5.50	5.50	5.50
90- 99.99	6.00	6.25	6.50	6.50	6.50
100- 109.99	6.75	7.00	7.25	7.25	7.25
110- 119.99	7.75	8.00	8.25	8.25	8.25
120- 129.99	8.50	8.75	9.00	9.00	9.00
130- 139.99	9.25	9.50	9.75	9.75	9.75
140- 149.99	10.00	10.25	10.50	10.50	10.50
150- 169.99	10.75	11.00	11.25	11.25	11.25
170- 189.99	12.25	12.50	12.75	12.75	12.75
190- 209.99	13.75	14.00	14.25	14.25	14.25
210- 229.99	15.25	15.50	15.75	15.75	15.75
230- 249.99	16.75	17.00	17.25	17.25	17.25
250- 269.99	18.25	18.50	18.75	18.75	18.75
270- 289.99	19.75	20.00	20.25	20.25	20.25
290- 309.99	21.25	21.50	21.75	21.75	21.75
310- 329.99	22.75	23.00	23.25	23.25	23.25
330- 359.99	24.25	24.50	24.75	24.75	24.75
360- 389.99	26.50	26.75	27.00	27.00	27.00
390- 419.99	28.75	29.00	29.25	29.25	29.25
420- 449.99	31.00	31.25	31.50	31.50	31.50
450- 479.99	33.25	33.50	33.75	33.75	33.75
480- 509.99	35.50	35.75	36.00	36.00	36.00
510- 539.99	37.75	38.00	38.25	38.25	38.25
540- 569.99	40.00	40.25	40.50	40.50	40.50
570- 599.99	42.25	42.50	42.75	42.75	42.75
600- 629.99	44.50	44.75	45.00	45.00	45.00
630- 659.99	46.75	47.00	47.25	47.25	47.25
660- 689.99	47.50	49.25	49.50	49.50	49.50
690- 719.99	47.50	51.50	51.75	51.75	51.75
720- 749.99	47.50	53.50	54.00	54.00	54.00
750- 779.99	1/	53.50	56.25	56.25	56.25
780- 809.99		53.50	58.50	58.50	58.50
810- 839.99		53.50	59.50	60.75	60.75
840- 869.99		1/	59.50	63.00	63.00
870- 899.99			59.50	64.00	65.25
900- 929.99			59.50	64.00	67.50
930- 959.99			1/	64.00	68.50
960- 989.99				64.00	68.50
990- 1019.99				1/	68.50
1020- 1049.99					68.50
1050- 1079.99					68.50
1080-					1/

1/ For any eligible household with higher adjusted monthly net income use maximum purchase requirement listed.

DO NOT WRITE IN THIS SPACE

**CONTINUATION SHEET  
FOR FILING ADMINISTRATIVE REGULATIONS  
WITH THE SECRETARY OF STATE**

(Pursuant to Government Code Section 11380.1)

63-3210 TABLES OF COUPON ISSUANCE (Continued)

63-3200

State of California  
Health and Welfare Agency

Department of Benefit Payments  
July 1, 1975  
Table 4

**FOOD STAMP PROGRAM  
Quarter-Monthly**

**COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME)**

Household Size	11	12	13	14	15
Coupon Allotment	\$86	\$92	\$97	\$103	\$108
Adjusted Monthly Net Income	Quarter-Monthly Purchase	Quarter-Monthly Purchase	Quarter-Monthly Purchase	Quarter-Monthly Purchase	Quarter-Monthly Purchase
\$ 0- 19.99	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
20- 29.99	0.00	0.00	0.00	0.00	0.00
30- 39.99	1.25	1.25	1.25	1.25	1.25
40- 49.99	2.00	2.00	2.00	2.00	2.00
50- 59.99	3.00	3.00	3.00	3.00	3.00
60- 69.99	4.00	4.00	4.00	4.00	4.00
70- 79.99	4.75	4.75	4.75	4.75	4.75
80- 89.99	5.50	5.50	5.50	5.50	5.50
90- 99.99	6.50	6.50	6.50	6.50	6.50
100- 109.99	7.25	7.25	7.25	7.25	7.25
110- 119.99	8.25	8.25	8.25	8.25	8.25
120- 129.99	9.00	9.00	9.00	9.00	9.00
130- 139.99	9.75	9.75	9.75	9.75	9.75
140- 149.99	10.50	10.50	10.50	10.50	10.50
150- 169.99	11.25	11.25	11.25	11.25	11.25
170- 189.99	12.75	12.75	12.75	12.75	12.75
190- 209.99	14.25	14.25	14.25	14.25	14.25
210- 229.99	15.75	15.75	15.75	15.75	15.75
230- 249.99	17.25	17.25	17.25	17.25	17.25
250- 269.99	18.75	18.75	18.75	18.75	18.75
270- 289.99	20.25	20.25	20.25	20.25	20.25
290- 309.99	21.75	21.75	21.75	21.75	21.75
310- 329.99	23.25	23.25	23.25	23.25	23.25
330- 359.99	24.75	24.75	24.75	24.75	24.75
360- 389.99	27.00	27.00	27.00	27.00	27.00
390- 419.99	29.25	29.25	29.25	29.25	29.25
420- 449.99	31.50	31.50	31.50	31.50	31.50
450- 479.99	33.75	33.75	33.75	33.75	33.75
480- 509.99	36.00	36.00	36.00	36.00	36.00
510- 539.99	38.25	38.25	38.25	38.25	38.25
540- 569.99	40.50	40.50	40.50	40.50	40.50
570- 599.99	42.75	42.75	42.75	42.75	42.75
600- 629.99	45.00	45.00	45.00	45.00	45.00
630- 659.99	47.25	47.25	47.25	47.25	47.25
660- 689.99	49.50	49.50	49.50	49.50	49.50
690- 719.99	51.75	51.75	51.75	51.75	51.75
720- 749.99	54.00	54.00	54.00	54.00	54.00
750- 779.99	56.25	56.25	56.25	56.25	56.25
780- 809.99	58.50	58.50	58.50	58.50	58.50
810- 839.99	60.75	60.75	60.75	60.75	60.75
840- 869.99	63.00	63.00	63.00	63.00	63.00
870- 899.99	65.25	65.25	65.25	65.25	65.25
900- 929.99	67.50	67.50	67.50	67.50	67.50
930- 959.99	69.75	69.75	69.75	69.75	69.75
960- 989.99	72.00	72.00	72.00	72.00	72.00
990- 1019.99	74.25	74.25	74.25	74.25	74.25
1020- 1049.99	76.50	76.50	76.50	76.50	76.50
1050- 1079.99	78.75	78.75	78.75	78.75	78.75

DO NOT WRITE IN THIS SPACE





**CONTINUATION SHEET**  
**FOR FILING ADMINISTRATIVE REGULATIONS**  
**WITH THE SECRETARY OF STATE**

(Pursuant to Government Code Section 11380.1)

63-3200 TABLES OF COUPON ISSUANCE (Continued)

63-3200

State of California  
 Health and Welfare Agency

Department of Benefit Payments  
 July 1, 1975

Table 4

## FOOD STAMP PROGRAM

## Quarter-Monthly

COUPON ALLOTMENTS, PURCHASE REQUIREMENTS (BASED ON MONTHLY ADJUSTED NET INCOME)

Household Size	16	17	18	19	20
Coupon Allotment	\$114	\$119	\$125	\$130	\$136
Adjusted Monthly Net Income	Quarter-Monthly Purchase	Quarter-Monthly Purchase	Quarter-Monthly Purchase	Quarter-Monthly Purchase	Quarter-Monthly Purchase
\$ 0- 19.99	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
20- 29.99	0.00	0.00	0.00	0.00	0.00
30- 39.99	1.25	1.25	1.25	1.25	1.25
40- 49.99	2.00	2.00	2.00	2.00	2.00
50- 59.99	3.00	3.00	3.00	3.00	3.00
60- 69.99	4.00	4.00	4.00	4.00	4.00
70- 79.99	4.75	4.75	4.75	4.75	4.75
80- 89.99	5.50	5.50	5.50	5.50	5.50
90- 99.99	6.50	6.50	6.50	6.50	6.50
100- 109.99	7.25	7.25	7.25	7.25	7.25
110- 119.99	8.25	8.25	8.25	8.25	8.25
120- 129.99	9.00	9.00	9.00	9.00	9.00
130- 139.99	9.75	9.75	9.75	9.75	9.75
140- 149.99	10.50	10.50	10.50	10.50	10.50
150- 169.99	11.25	11.25	11.25	11.25	11.25
170- 189.99	12.75	12.75	12.75	12.75	12.75
190- 209.99	14.25	14.25	14.25	14.25	14.25
210- 229.99	15.75	15.75	15.75	15.75	15.75
230- 249.99	17.25	17.25	17.25	17.25	17.25
250- 269.99	18.75	18.75	18.75	18.75	18.75
270- 289.99	20.25	20.25	20.25	20.25	20.25
290- 309.99	21.75	21.75	21.75	21.75	21.75
310- 329.99	23.25	23.25	23.25	23.25	23.25
330- 359.99	24.75	24.75	24.75	24.75	24.75
360- 389.99	27.00	27.00	27.00	27.00	27.00
390- 419.99	29.25	29.25	29.25	29.25	29.25
420- 449.99	31.50	31.50	31.50	31.50	31.50
450- 479.99	33.75	33.75	33.75	33.75	33.75
480- 509.99	36.00	36.00	36.00	36.00	36.00
510- 539.99	38.25	38.25	38.25	38.25	38.25
540- 569.99	40.50	40.50	40.50	40.50	40.50
570- 599.99	42.75	42.75	42.75	42.75	42.75
600- 629.99	45.00	45.00	45.00	45.00	45.00
630- 659.99	47.25	47.25	47.25	47.25	47.25
660- 689.99	49.50	49.50	49.50	49.50	49.50
690- 719.99	51.75	51.75	51.75	51.75	51.75
720- 749.99	54.00	54.00	54.00	54.00	54.00
750- 779.99	56.25	56.25	56.25	56.25	56.25
780- 809.99	58.50	58.50	58.50	58.50	58.50
810- 839.99	60.75	60.75	60.75	60.75	60.75
840- 869.99	63.00	63.00	63.00	63.00	63.00
870- 899.99	65.25	65.25	65.25	65.25	65.25
900- 929.99	67.50	67.50	67.50	67.50	67.50
930- 959.99	69.75	69.75	69.75	69.75	69.75
960- 989.99	72.00	72.00	72.00	72.00	72.00
990- 1019.99	74.25	74.25	74.25	74.25	74.25
1020- 1049.99	76.50	76.50	76.50	76.50	76.50
1050- 1079.99	78.75	78.75	78.75	78.75	78.75

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CONTINUATION SHEET  
FOR FILING ADMINISTRATIVE REGULATIONS  
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

63-3200 TABLES OF COUPON ISSUANCE (Continued)63-3200.2 For Issuance to Households of More Than 20 Persons Use the Following Formula:.21 Value of the Total Allotment

For each person in excess of 20, add \$22 to the monthly coupon allotment and \$11 to the semi-monthly allotment for a 20-person household. For all three-quarter monthly allotments of uneven dollar amounts, round up to the next higher whole dollar amount with no change in purchase requirements for such allotments.

.22 Purchase Requirement

.221 Use the purchase requirement shown for the 20-person household for households with incomes of \$1,529.99 or less per month.

.222 For households with monthly incomes of \$1,530 or more, use the following formula:

For each \$30 worth of monthly income (or portion thereof) over \$1,529.99, add \$9 to the monthly purchase requirement for a 20-person household with an income of \$1,529.99 (or \$6.75 to the three-quarter monthly, \$4.50 to the semi-monthly purchase requirement, and \$2.25 to the quarterly purchase requirement).

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CONTINUATION SHEET  
FOR FILING ADMINISTRATIVE REGULATIONS  
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

63-3200 TABLES OF COUPON ISSUANCE (Continued)63-3200

- .223 To obtain the maximum purchase requirement for households of more than 20 persons, add to the maximum purchase requirement shown for a 20-person household, \$18 monthly; \$13.50 three-quarter monthly; \$9 semi-monthly; and \$4.50 quarterly for each person over 20.



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CONTINUATION SHEET  
FOR FILING ADMINISTRATIVE REGULATIONS  
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

There are no state mandated local costs in this regulation that require reimbursement under Section 2231 of the Revenue and Taxation Code because the bonus value of food stamps is entirely paid by the federal government.

Approved by:

  
JEROLD A. PROD, Acting Director  
Department of Benefit Payments  
MARIO G. OBLEDO, Secretary  
Health and Welfare Agency 7/1/75

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**FACE SHEET**  
**FOR FILING ADMINISTRATIVE REGULATIONS**  
**WITH THE SECRETARY OF STATE**

(Pursuant to Government Code Section 11380.1)

Copy below is hereby certified to be a true and correct copy of regulations adopted, or amended, or an order of repeal by:

Department of Benefit Payments

(Agency)

Dated:

7/2/75

By:

Acting Director

(Title)

**FILED**

In the office of the Secretary of State  
of the State of California

JUL 3 1975

At 4:40 o'clock P.M.

MARCH FONG EU, Secretary of State

E. Mervin R. Sheshke  
Deputy Secretary of State

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After proceedings had in accordance with the provisions of the Administrative Procedure Act (Gov. Code, Title 2, Div. 3, Part 1, Chapter 4.5) and pursuant to the authority vested by Sections 10552, 10553, 10554 and 10604 of the Welfare and Institutions Code, the Department of Benefit Payments hereby repeals, amends, and adopts regulations referred to in Title 22, California Administrative Code, as hereinafter set forth.

**FINDING OF EMERGENCY**

The implementation of the following regulations is an emergency measure necessary for the immediate preservation of the public health, safety, and general welfare within the meaning of the provisions of Section 11421(b) of the Government Code:

Revise: Section 46-325

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**CONTINUATION SHEET  
FOR FILING ADMINISTRATIVE REGULATIONS  
WITH THE SECRETARY OF STATE**

(Pursuant to Government Code Section 11380.1)

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The following facts constitute the emergency:

1. The Statutes of 1973, Chapter 1216, provided for an annual cost-of-living increase in aid payments for the State Supplemental Program to be effective on July 1 of each year.
2. Computation of such annual increase is dependent on the increase provided for in P.L. 93-66 and consequently on the figures provided by the Social Security Administration for the Supplemental Security Income Program. Such figures could not be provided for the fiscal year 1975-76 until May 1975, which date was too late for implementation of the standard regulatory adoption process.
3. In order to assure that all recipients receive the cost-of-living increase on the date provided by law, it is necessary to adopt these regulations on an emergency basis.

The regulation changes set forth above adopted as emergency measures to become effective upon filing with the Secretary of State.

**CONTINUATION SHEET  
FOR FILING ADMINISTRATIVE REGULATIONS  
WITH THE SECRETARY OF STATE**

(Pursuant to Government Code Section 11380.1)

46-325 BENEFIT LEVELS (Continued)

46-325

<u>.1 Eligible Individual</u>	<u>Benefit Level</u>
Aged or Disabled	<u>\$259</u>
Blind	<u>292</u>
A disabled Minor under 18, or under 21 if unmarried and attending school full-time, Living with a Parent or Guardian or Relative by Blood or Marriage	<u>222</u>
 <u>.2 Eligible Couple</u>	 <u>Benefit Level</u>
Both of Whom are Aged or Disabled, or	<u>\$488</u>
Both of Whom are Blind, or	<u>584</u>
One of Whom is Blind and the Other Aged or Disabled, or	<u>550</u>
Both of Whom are Residents in an Out-of-Home care Facility	<u>612</u>

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**CONTINUATION SHEET  
FOR FILING ADMINISTRATIVE REGULATIONS  
WITH THE SECRETARY OF STATE**

(Pursuant to Government Code Section 11380.1)

46-325 BENEFIT LEVELS (Continued)

46-325

**.3 Resident of Nonmedical "Out-of-Home Care" Facility**

	<u>Minimum</u>	<u>Maximum</u>
For Board and Room (Shelter and Food)	<u>\$131</u>	<u>\$131</u>
For Care and Supervision	112	139
For Personal and Incidental Needs of the Recipient*	<u>63</u>	<u>36</u>
Total Allowance	<u>306</u>	<u>306</u>

\*If these needs are provided in whole or in part by the facility under an agreement between the recipient and the facility, the recipient may need to use all or a portion of this allowance to pay the facility for these services.

.31 "Out-of-home care" as used herein is a protective living arrangement outside the individual's own home where, as a minimum, he receives board, room, personal care, and designated supplementary services related to his individual needs. This type of care is nonmedical and includes care provided in facilities licensed to provide residential care.

.311 Homes or other facilities which provide personal care and supervision to which recipients may also be certified may be unlicensed if:

- a. It is the home of a relative. A relative for purposes of this regulation is defined as a parent, son, daughter, brother, sister, half-brother, half-sister, uncle, aunt, niece, nephew, first cousin or any such person of the preceding generation denoted by the prefix "grand" or "great", or,
- b. It is a home in which a child has been placed by a court under W&I Code 727(a), or
- c. It is an "exclusive use home" approved by a licensed home finding agency, i.e., Childrens' Home Society.

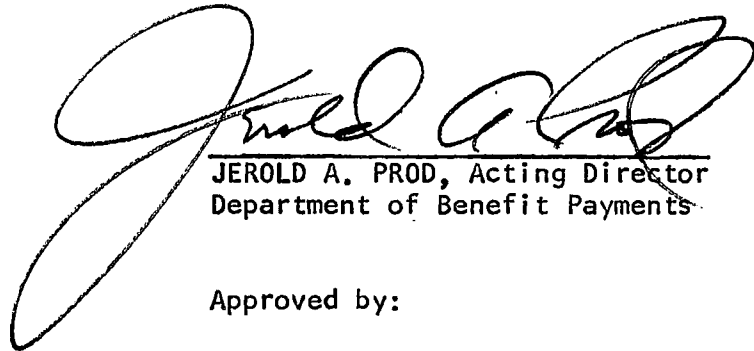
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WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

This regulation contains no mandate for a new program or increased level of service of an existing program within the meaning of Section 2231(d) of the Revenue and Taxation Code since it merely carries out the provisions of existing law (W&I Code Section 12201).

Approved by:



JEROLD A. PROD, Acting Director  
Department of Benefit Payments

Approved by:



MARIO G. OBLEDO, Secretary  
Health and Welfare Agency

Date: 7-3-75

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Office of Administrative Hearings

ENDORSED

OVER FOR FILING  
(Code 11380.2)

JUL 18 1975

Office of Administrative Hearings

Copy below is hereby certified to be a true and correct copy of regulations adopted, or amended, or an order of repeal by:

Department of Benefit Payments

(Agency)

Dated: 6/27/75

By: 

Acting Director

(Title)

FILED

In the office of the Secretary of State  
of the State of California

JUL 18 1975

At 8:50 o'clock a.m.

MARCH FONG EU, Secretary of State

By:   
Deputy Secretary of State

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After proceedings had in accordance with the provisions of the Administrative Procedure Act (Gov. Code, Title 2, Div. 3, Part 1, Chapter 4.5) and pursuant to the authority vested by Sections 10552, 10553, 10554 and 10604 of the Welfare and Institutions Code, the Department of Benefit Payments hereby repeals, amends, and adopts regulations referred to in Title 22, California Administrative Code, as hereinafter set forth.

This order shall take effect on the thirtieth day after its filing with the Secretary of State as provided in Section 11422 of the Government Code.

Repeal: Sections 43-103  
43-105  
43-107  
43-109  
43-111  
43-113.4  
43-117  
43-119

Amend: Section 43-100

Recodify: Section 43-115 to 43-103

Recodify and Amend: Sections 43-113 to 43-105 and 43-107  
Sections 43-114 to 43-109

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(Pursuant to Government Code Section 11380.1)

43-100 RESPONSIBLE RELATIVES

43-100

APSB  
AFDC

The W&I Code specifies that there are no responsible relatives in the \_\_\_\_\_ APSB program. However, the community income and property of a spouse shall be considered in determining eligibility for aid and amount of grant (see the Income and Property Chapters).

The code designates certain relatives who, under specified conditions, are legally liable to provide financial support or to contribute to the support of an applicant or recipient under the \_\_\_\_\_ AFDC program and this chapter deals with the determination of responsibility of relatives in the \_\_\_\_\_ AFDC program.

Relative responsibility should not be considered exclusively in terms of financial responsibility. Other positive factors may be found in strengthened family relationships, the contributions which relatives can make to the security of the recipient through family solidarity or through guidance and planning for the child in AFDC. These positive factors may be available from relatives who are not legally liable to provide financial support as well as those who have liability.

Responsibility rests with the county to determine not only financial responsibility of relatives in the \_\_\_\_\_ AFDC program, but, in all programs, to develop to the maximum the potential resource of relatives in meeting social and emotional needs of the recipient.

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(Pursuant to Government Code Section 11380.1)

43-103 DEFINITIONS FOR PURPOSES OF SUPPORT RESPONSIBILITY

43-103

AFDC | 1 Parents

The natural parents, married or unmarried, are the parents of the child unless the child has been adopted. The adoptive parents are the parents thereafter.

2 Stepfather

A stepfather is a man who is married to the mother of a child of whom he is not the natural father.

3 Unmarried Father

An unmarried father is a man who is not married to the natural mother of one or more of their children even though he may be married to another woman.

4 Common-Law Marriage

4104

California law, in Civil Code Section / recognizes any out-of-state marriage as valid as long as it is valid where contracted or performed. In cases in which there was no formal marriage, it may be that a common-law marriage was established in another state. If the parents state they are married to each other, it is assumed that they are lawfully married unless this is refuted by other evidence.

Interpretation

Basic Requirements - Common-law Marriages

*In most of the states which recognize common-law marriages, two basic requirements must be met:*

1. Agreement Must Exist to Become Husband and Wife - This agreement may consist of a written contract, but usually is just a simple, oral statement such as "I take you for my wife" or "You are now my wife." The words used must be in the present tense, and must express an intent to assume the relationship of husband and wife at the time involved and not at some future time. The parties have capacity to enter the agreement. This means that (1) they must be of sound mind; and (2) they must be of the minimum age. At common law and in most states which recognize common-law marriage, the ages are 14 for the male and 12 for the female.
2. Must be Cohabitation Following the Verbal or Written Statements - Cohabitation is described as living together as husband and wife, each assuming the marital duties implicit in the relationship, usually including but not necessarily predicated on, sexual relations.

*If these two facts are established and the state where they occurred recognizes common-law marriages, a marriage is in existence which is valid for all purposes in California and which can only be dissolved by formal divorce even in the state in which it was created. There is no such thing as an informal divorce in the United States.*

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(Pursuant to Government Code Section 11380.1)

43-103 DEFINITIONS FOR PURPOSES OF SUPPORT RESPONSIBILITY (Continued)

43-103

AFDC

Interpretation

**CHART - SUMMARY OF STATE LAWS ON COMMON-LAW MARRIAGE**

The following chart is intended to give the worker a general idea of the possibility of a valid common-law marriage in the various states. The chart will not provide all the answers. If the details of the law of a particular state are needed, the county counsel or district attorney or the legal staff of the SDBP should be consulted.

State	Mutual Agreement	Cohabitation	Additional Requirements or Comments
Alabama	x	x	Mutual assumption of marital duties
Alaska			Abolished 1917
Arizona			Abolished 1913
Arkansas			Abolished 1905
California			Abolished 1895
Colorado	x	x	
Connecticut			Abolished
Delaware			Never recognized
Dist. of Columbia	x	x	
Florida	x	x	Cohabitation of mutual assumption of marital duties meets requirement
Georgia	x	x	Consummation according to law
Hawaii			Abolished
Idaho	x		Mutual assumption of marital duties
Illinois	x	x	Abolished 1905, except Quakers
Indiana	x	x	Abolished 1/1/58; open acknowledgment of the relation
Iowa	x	x	
Kansas	x		Holding each other out to public as husband and wife
Kentucky	x		Abolished
Louisiana			Never recognized
Maine			Probably not valid. No cases.
Maryland			Abolished
Massachusetts			Abolished; but can prove marriage by cohabitation
Michigan	x	x	Abolished 1/1/57
Minnesota	x	x	Abolished 4/26/41
Mississippi	x	x	Abolished 4/5/56
Missouri			Abolished 3/31/21
Montana	x	x	Assumption of marital relationship and repute in the community

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**43-103 DEFINITIONS FOR PURPOSES OF SUPPORT RESPONSIBILITY (Continued)**

**43-103**

State	Mutual Agreement	Cohabitation	Additional Requirements or Comments
Nebraska	x	x	Abolished 1923. Holding out to public
Nevada	x		Abolished 3/29/43
New Hampshire			Abolished
New Jersey	x		Abolished 12/1/39
New Mexico	x	x	Abolished since 1929
New York	x	x	Valid prior to 1902 and from 1/1/08 - 4/29/33, Abolished 4/29/33. Open assumption of marital duties
North Carolina			Abolished
North Dakota			Abolished 1890
Ohio	x	x	Holding each other out as husband and wife
Oklahoma	x	x	
Oregon			Abolished
Pennsylvania	x		
Rhode Island	x	x	
South Carolina	x		
South Dakota	x	x	Abolished 7/1/59, marriage in fact, need exceptional circumstances
Tennessee			Abolished
Texas	x	x	Holding each other out to public as husband and wife
Utah			Abolished
Vermont			Abolished
Virginia			Abolished
Washington			Abolished
West Virginia			Abolished
Wisconsin			Abolished 1917
Wyoming			Abolished 1931; standards unclear

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(Pursuant to Government Code Section 11380.1)

43-105 RESPONSIBILITY FOR SUPPORT

43-105

AFDC

.1 Parents - General

All parents regardless of their age or their marital status are responsible to the extent of their ability for the support and care of their  
children whether they are natural or adopted, including an  
unwed pregnant minor child, a child who is an unwed minor father, a child who is an unwed minor mother, and a child who is in foster care. This  
responsibility continues even though the parent is not living with his  
family, the marriage has been legally dissolved, the parents were never  
married or there has been a court order removing the children from the  
parent's custody. Responsibility ceases only if a relinquishment for adop-  
tion has been signed and remains in force.

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.2 Parents of Unwed Minors

Among the resources available to the unwed minor mother and the unwed  
father, if a minor, is the legally required support that their parents  
are capable of making. These resources must be explored to determine  
eligibility for AFDC.



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(Pursuant to Government Code Section 11380.1)

43-105 RESPONSIBILITY FOR SUPPORT (Continued)43-105AFDC.3 Absent Parent

The resources which may be available for support of a child for whom application for aid has been made include contributions from the absent parent(s). Both parents, to the extent of their ability are legally responsible for the support of their child(ren).

.4 Unmarried Parent

The unmarried parent <sup>his/her</sup> is responsible for the support of <sup>his/her</sup> child (including the unborn child).

The unmarried parent <sup>his/her</sup> is not legally responsible for the support of his/her child's other parent <sup>his/her</sup> or of children not <sup>his/her</sup> own.

If the unmarried parent <sup>his/her</sup> and <sup>his/her</sup> legal dependents living in the home are needy but are ineligible or refuse to apply for public assistance or General Relief, a determination of possible misuse of AFDC funds shall be made, as specified in Section 20-101.

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(Pursuant to Government Code Section 11380.1)

43-105 RESPONSIBILITY FOR SUPPORT (Continued)

43-105

AFDC

.5 Stepfather

A stepfather is responsible for the support of his children from another union living outside the home; and his children, natural and adopted, living in the home; and his wife.

A stepfather is not legally responsible for the support of his wife's children by another man, unless he has adopted them. However, his wife's interest in the community property as defined in Section 42-203.5 including the earnings of her husband (see Section 44-101.5 for definition of earnings), where actually available to her, shall be considered available for the support of his stepchild(ren). (See Section 44-133.5.)

If the stepfather and his legal dependents living in the home are needy but are ineligible or refuse to apply for public assistance or General Relief, a determination of possible misuse of AFDC funds shall be made, as specified in Operations Manual Section 20-101.

.51 Availability of Stepfather's Income

Provided that the nonadoptive stepfather and the natural or adoptive mother regularly reside together, the existence of any of the following criteria on a current and regular basis may reasonably justify a finding by the county that all or a portion of her husband's income is actually available for her use or in support of her children.

.511 To the extent that the husband's income is actually made available for use by the wife, including use for support of her children, e.g., in a bank account in the names of the husband and wife jointly; in a separate bank account in the wife's name; in any other form of account upon which the wife can draw; in money orders or other instruments which the wife can cash; in cash; etc.; or

.512 To the extent that the husband's income is used to provide, for his nonadopted stepchildren, any or all of their food, housing, clothing, utilities, transportation, or other living expenses; or

.513 To the extent that maintenance of a credit arrangement, legally collectible from the husband's income, is available to the wife for food, housing, clothing, utilities, transportation, or other living expenses or can be used by her to so provide for her natural or adopted children.

Whether the criteria in Sections 43-105.511, .512 or .513 exist so as to reasonably justify a finding by the county that all or a portion, as the case may be, of her husband's income is actually available for her use in support of her children shall be determined on the basis of all available data, including that obtained from the statement required by Section 43-105.52.

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**43-105 RESPONSIBILITY FOR SUPPORT (Continued)**

**43-105**

**AFDC .52 Statement Required**

Whenever aid is applied for or granted on behalf of a child living in a home with his natural or adoptive mother and nonadoptive stepfather, the mother shall complete a statement for purposes of determining the actual availability to her of her interest in the community property, (see Section 42-203.5) including the earnings of her husband. Such statement shall contain the following information accurate for the budget period appropriate for grant determination (see Section 44-315.4):

- .521** The stepfather's current monthly income;
- .522** The wife's current monthly income;
- .523** The source and amount of any other current monthly income;
- .524** The type, amount, and ownership of any currently available credit arrangement;
- .525** The amount of and manner in which the stepfather's current monthly income is kept, i.e., joint bank account; separate bank account in whose name; in cash; etc.;
- .526** Whether, how, and in what amount the stepfather's income is regularly made available to the mother, and if not, why not;
- .527** Whether the stepfather and mother normally reside together, and if not, why not;
- .528** The amount of, means of making, source of funds for, and which spouse makes each of the following payments each month, where applicable: food, housing, clothing, utilities, transportation, other expenses;
- .529** Whether or not the stepfather claims the stepchild(ren) as dependents for income tax purposes; and any other facts relevant to a determination whether the stepfather's income is or is not regularly made available to the mother.

**.53 Certification**

The statement (required in Section 43-105.52) shall be signed by the mother under penalty of perjury. For this purpose, the statement shall include the following:

"I declare under penalty of perjury that the foregoing statements on this form are true and correct."

**.54 Failure to Cooperate**

Failure of the mother to cooperate in the presentation of the required statement shall be considered the mother's decision to withhold information essential to the determination of the eligibility of the child, except that if she appears unable to comprehend or enter into the procedure for establishing eligibility, action shall be taken by the county in accordance with Sections 40-128.3 and 40-157.213. If the exception does not apply, aid shall be denied, or discontinued.

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(Pursuant to Government Code Section 11380.1)

43-105 RESPONSIBILITY FOR SUPPORT (Continued)

43-105

AFDC6 Adult Children

Adult children are responsible for the support of their parents to the extent of their ability. However, adult children are not responsible for the support of their brothers and sisters.

If the adult child and his or her legal dependents living in the home are needy but are ineligible or refuse to apply for public assistance or General Relief, a determination of possible misuse of AFDC funds shall be made, as specified in Section 20-101.

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(Pursuant to Government Code Section 11380.1)

43-107 COOPERATION REQUIREMENTS

43-107

AFDC.1 Parent Remaining With Child

- .11 When one or both parents are absent, the parent remaining with the child or any other person making application, shall be encouraged to cooperate with law enforcement officers by providing reasonable assistance to them in the enforcement of the obligation of the absent parent(s) to provide support for the child(ren). Refusal to cooperate does not result in ineligibility for assistance.

.12 Notification Requirement

The applicant shall be informed that the law requires the welfare department to notify the district attorney in cases of non-support by a parent and that the application may be withdrawn if such notification is not desired.

Notification shall be accomplished by having the recipient read, or have read to him and explained if necessary, the following statement:

"The welfare department is required by law to take steps to secure child support for children who have been deserted by a parent and receive public assistance, and to establish paternity in the case of a child born out-of-wedlock. Law enforcement officials are under a similar duty. Although your cooperation will make our job much easier, you cannot be denied assistance because you fail or refuse to cooperate with welfare or law enforcement officials in obtaining support for your children from their absent parent. This does not mean, however, that

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43-107 COOPERATION REQUIREMENTS (Continued)

43-107

AFDC

## .12 Notification Requirement

you may withhold other information necessary for a determination of your eligibility. Furthermore, if law enforcement officials file criminal or civil proceedings against the absent parent, you may be called as a witness to give testimony in a court of law."

.121 For purposes of this section, if one parent has been given legal custody and control of the child such parent shall be considered the "parent remaining with the child" even though the child is not living with either parent.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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(Pursuant to Government Code Section 11380.1)

43-107 COOPERATION REQUIREMENTS (Continued)

43-107

AFDC

.2 Mother and Unrelated Adult Male Living in the Home

This section applies only to the unrelated adult male living with an AFDC family in which the mother is included as the needy caretaker.

.21 The mother of a child for whom she is applying for or receiving AFDC shall present to the Income Maintenance System a statement signed by her and by an unrelated adult male living with the family, other than a bona fide lodger, roomer or boarder, which shall set forth:

.211 The actual amount of the financial payment(s) made by the unrelated adult male for his share of the family's cost of housing, utilities, food, household operations and special needs which are shared by the family group;

.212 The actual amount of the financial contribution made by the unrelated adult male in cash or in kind for needs of the members of the family budget unit allowed by the AFDC standard of assistance; and

.213 The amount of the unrelated adult male's monthly earnings and other income, if known.

For purposes of this requirement, both discussion and the written statement shall be limited to the fiscal and monetary arrangements between the mother and the unrelated adult male.

See Section 43-109 for "Required Financial Contribution" and definitions.

.22 The statement shall be signed by the mother and the unrelated adult male under penalty of perjury. For this purpose, the statement shall include the following:

"I certify through my signature that each of the statements given is true and correct to the best of my knowledge and belief. I make this statement under the penalty of perjury and understand that any willful concealment or misstatement of material fact in this statement of which I have been given notice subjects me to the penalties prescribed for perjury in the Penal Code by the State of California. I agree to tell the county welfare department at once when there are any changes in the facts presented in this statement."

If the mother or the unrelated adult male do not understand English, the above statement shall be provided by the county welfare department written in a language which each understands, before it is signed.

.23 Failure of the mother to cooperate in the presentation of the required statement shall be considered the mother's decision to withhold information essential to the determination of the eligibility of the child, except that if she appears unable to comprehend or enter into the procedure for establishing eligibility, action shall be taken by the Income Maintenance System in accordance with Sections 40-128.3 and 40-157.213. If the exception does not apply, aid shall be denied, or discontinued.

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(Pursuant to Government Code Section 11380.1)

43-107 COOPERATION REQUIREMENTS (Continued)

43-107

AFDC

.24 Refusal by the unrelated adult male to sign the statement is a violation of W&IC 11351.5 and information regarding such refusal shall, with the prior knowledge of the mother and the unrelated adult male, be sent to the district attorney.

Refusal by the unrelated adult male to sign the statement shall not relieve the mother from submitting a statement signed by her setting forth the facts specified in Section 43-107.21 above.

.3 Unwed Minor Parent

Aid shall be denied or discontinued if the unwed minor parent refuses to provide necessary information which can be verified regarding his or her parents' ability to support, or in lieu of such information refuses to consent to having her parents contacted for the purpose of determining their ability to provide support of their child.

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(Pursuant to Government Code Section 11380.1)

43-109 REQUIRED FINANCIAL CONTRIBUTION - UNRELATED ADULT MALE

43-109

AFDC.1 Requirement

An unrelated adult male, other than a bona fide lodger, roomer or boarder, who resides with a family applying for or receiving AFDC is required to make a financial contribution to the family which is not less than it would cost him to provide himself with an independent living arrangement, W&IC 11351.5.

.2 Definitions

.21 An "unrelated adult male" is a male who is 18 years old, or older, and not related by blood or marriage to any member of the AFDC family.

.22 An unrelated adult male living in the home shall be considered a bona fide lodger, roomer or boarder upon the written statement of the mother to this effect, supported by evidence such as the following:

.211 Evidence that income from the lodger, roomer or boarder is reported for income tax purposes, or

.212 Possession of a license to operate a rooming house, or

.213 Evidence that quarters are furnished separate and apart from that occupied by the family, or

.214 Receipts which indicate payment of room rent or room and board.

Renewed evidence shall be required of the mother subsequent to the initial determination only if there is substantial reason, which shall be specified in the case record, to believe that the unrelated male is not a bona fide lodger, roomer or boarder.

.23 The cost of an "independent living arrangement" shall be the sum of the AFDC in-kind income values to a one-person family budget unit for housing (Section 44-115.91), utilities (Section 44-115.92), and food (Section 44-115.93) \_\_\_\_\_. See Section 44-113.5 for determination of net income to the family budget unit from the contribution.

.3 Action - Requirement Not Met

When the known or probable income of the unrelated adult male is insufficient for him to support himself in an independent living arrangement and to meet his expenses of employment, or his financial contribution to the family is less than the cost of providing himself with an independent living arrangement, a determination shall be made as specified in Section 20-101 with respect to possible misuse of AFDC funds.

See Section 43-107.24 for action to be taken if the unrelated adult male refuses to sign a statement regarding his contribution to the family.

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WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

The following regulations are to be repealed effective on the thirtieth day after its filing with the Secretary of State:


- 43-103 Effect of Relative Responsibility on Aid Payments
- 43-105 Definitions
- 43-107 Responsibility of a Spouse
- 43-109 Responsibility of Adult Child
- 43-111 Procedure for Determining Nonliability or Liability of an Adult Child
- 43-113.4 Cooperation - Guardian or Person Other Than Remaining Parent
- 43-117 Responsibilities Appropriate to the Eligibility Section  
(In relation to Child Support Services)
- 43-119 Effect of Absent Parent Responsibility on Aid Payments

These regulations contain no mandate for a new program or increased level of service within the meaning of Section 2231(d) of the Revenue and Taxation Code.

Approved:

  
JEROLD A. PROD, Acting Director

Approved:

  
MARIO G. OBLEDO, Secretary  
Health and Welfare Agency

Date: 7-11-75

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(Pursuant to Government Code Section 11380.1)

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FOR FILING  
JUL 18 1975

Office of Administrative Hearings

Copy below is hereby certified to be a true  
and correct copy of regulations adopted, or  
amended, or an order of repeal by:

Department of Benefit Payments

(Agency)

Dated:

May 29, 1975

By:

Acting Director

(Title)

FILED

In the office of the Secretary of State  
of the State of California

JUL 18 1975

At 8:50 o'clock a.m.

MARCH FONG EU, Secretary of State

By: *Marpie R. Hershberger*  
Deputy Secretary of State

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After proceedings had in accordance with the provisions of the Administrative Procedure Act (Gov. Code, Title 2, Div. 3, Part 1, Chapter 4.5) and pursuant to the authority vested by Sections 10552, 10553, 10554 and 10604 of the Welfare and Institutions Code, the Department of Benefit Payments hereby repeals, amends, and adopts regulations referred to in Title 22, California Administrative Code, as hereinafter set forth.

This order shall take effect on the thirtieth day after its filing with the Secretary of State as provided in Section 11422 of the Government Code.

Adopt: Chapter 11-700

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(Pursuant to Government Code Section 11380.1)

DIVISION 11 - ADMINISTRATIVE STANDARDS FOR ELIGIBILITY AND ASSISTANCE PROGRAM  
CHAPTER 11-700 RESPONSIBLE RELATIVES

11-701 RECOVERIES FROM RESPONSIBLE RELATIVES OF AGED RECIPIENTS

11-701

This chapter shall apply only to the responsible relatives of State Supplemental and Excess Value Home (EVH) Payment (SSP) recipients who are eligible for assistance on the basis of age.

Contributions from responsible relatives for the support of <sup>and EVH</sup> SSP recipients are remitted to the State Department of Benefit Payments (DBP). The contributions are considered to be unearned income to the recipient but do not affect determination of eligibility or the amount of the grant because they shall be forwarded to the recipient only in an amount equal to any exemption of income allowed to the extent that such exemption has not already been allowed on the recipient's other income. In each month when responsible relatives make full contributions on a current basis, the Department shall pay to the <sup>and EVH</sup> SSP recipient against whose grant the contributions are made the amount of such contributions not to exceed \$20. This payment shall be further reduced to the extent that an income exemption is allowed.

Contributions paid directly to <sup>or EVH</sup> SSP recipients do not discharge the responsible relative from his support liability (except in-kind contributions, see Section 11-703.4). However, contributions actually received by a recipient must be reported to the Social Security Administration as income and shall be considered in the determination of eligibility and the amount of the grant.

Failure of the responsible relative to meet his liability as fixed by DBP is basis for appropriate legal action.

All further references to SSP in Chapter 11-700 are also applicable to EVH.

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FOR FILING ADMINISTRATIVE REGULATIONS  
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

## 11-702 RESPONSIBLE RELATIVES - DEFINITIONS

11-702

.1 Responsible Relatives

A responsible relative is one who is legally liable to provide financial support or to contribute to the support of another person because of his relationship through a blood tie or adoption. A relative who is a recipient of public assistance is not held liable to contribute from his grant of aid to the support of another person or family.

Responsible relatives include the adult children living within this state of an applicant or recipient who is eligible for SSP. Adult children, as used herein, refers to the adult children of such applicants or recipients, including emancipated minor children, i.e., children for whom the parent has voluntarily relinquished parental control.

.2 Adult Child

An adult child of an aged SSP recipient as used in these regulations is one who has passed his 18th birthday.

.3 Dependent

A dependent of a responsible relative is a person other than the recipient who meets all of the following requirements:

- a. Is related to the responsible relative by blood, marriage or adoption;
- b. Has income of not more than \$2400 a year; and
- c. Is receiving at least half of his support (in or out of the home) from the responsible relative.

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(Pursuant to Government Code Section 11380.1)

11-702 RESPONSIBLE RELATIVES - DEFINITIONS (Continued)

11-702

The number of dependents considered in determining liability under the Relatives' Contribution Scale includes the responsible relative.

.4 Gross Income (Responsible Relative)

Gross income is the income otherwise available before any payments or deductions for taxes, insurance, retirement contributions, expenses incidental to operation of business, etc.

.5 Adjusted gross income is, for income from salary and wages and for income from other sources, gross income less deductions specified in 11-703.5, if any. For income from self-employment, adjusted gross income is gross income less expenses (not to exceed such income) to produce the income less deductions specified in 11-703.5, if any. For the purpose of the last sentence, expenses attributable to self-employment income are deductible expenses required to produce the income which are allowed for purposes of computation of California State Income Tax liability and entered on FTB Form Schedule 540c, Profits or Losses on Business or Profession.

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(Pursuant to Government Code Section 11380.1)

11-702 RESPONSIBLE RELATIVES - DEFINITIONS (Continued)

11-702

.6 Net Income (Responsible Relative)

Net income equals adjusted gross income less a flat allowance for expenses. The flat allowance for expenses is 25 percent of adjusted gross income for responsible relatives under 60 years old, and 50 percent for those 60 years old or older.

11-703 FACTORS AFFECTING LIABILITY OF RESPONSIBLE RELATIVE 11-703

The maximum liability of a responsible relative shall be determined under the Relatives' Contribution Scale (see .31 below) which gives consideration to the adult child's net income and the number of claimed dependents.

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(Pursuant to Government Code Section 11380.1)

11-703 FACTORS AFFECTING LIABILITY OF RESPONSIBLE RELATIVE (Continued) 11-703

.1 Income Included in Determining Liability

Income included depends on the marital status of the responsible relative, as follows:

.11 Where the responsible relative is unmarried gross income includes all income regardless of source.

.12 Where the responsible relative is married gross income for such person includes all income representing the earnings of the responsible relative plus the separate property income of the responsible relative from any source (property, pensions, etc.) plus one half of the remaining community property gross income of both spouses. For the purposes of this section, remaining community property gross income is that income of a married couple which remains after the deduction of the earnings and separate property income of both spouses.

.2 Dependents Claimed

(See Section 11-702.3 for definition of a dependent.) When only one member of a married couple is a responsible relative and both have income, all dependents may be claimed by the responsible relative. When both the husband and wife are responsible relatives and each has income, they may divide their dependents as they shall mutually select, so long as no dependent is claimed by both.

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(Pursuant to Government Code Section 11380.1)

11-703. FACTORS AFFECTING LIABILITY OF RESPONSIBLE RELATIVE (Continued) 11-703

**.3 Degree of Liability**

The State Department of Benefit Payments shall determine the net income of  
the responsible relative as provided in 11-702.6 and the number of his  
dependents and shall then fix maximum liability in the amount prescribed  
by the Relatives' Contribution Scale.

**.31 Relatives' Contribution Scale**

The following table delineates the contribution required of a responsible  
relative. Columns A and B are included for convenience in  
converting adjusted gross income to net income.

Net income so determined is then used, in Column C,  
in determining his maximum liability under Column D of the scale.

When the net monthly income of the responsible relative exceeds \$1,225,  
add \$5 to the appropriate subcolumn of Column D for each additional  
increment of \$25 in the responsible relative's net monthly income.

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(Pursuant to Government Code Section 11380.1)

11-703 FACTORS AFFECTING LIABILITY OF RESPONSIBLE RELATIVE (Continued) 11-703

RESPONSIBLE RELATIVES' CONTRIBUTION SCALE

A If relative is 60 years old or older and <u>adjusted</u> gross monthly income is:	B If relative is under 60 years old and and <u>adjusted</u> gross monthly income is:	C Then net monthly income is:	D Maximum required monthly contribution if number of persons dependent upon income is:					
			1	2	3	4	5	6 or more
\$ 0. — 801.99	\$ 0. — 534.66	\$ 400 or under	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
802.00 — 901.99	534.67 — 601.33	401 — 450	5	0	0	0	0	0
902.00 — 1,001.99	601.34 — 667.99	451 — 500	10	0	0	0	0	0
1,002.00 — 1,101.99	668.00 — 734.66	501 — 550	15	0	0	0	0	0
1,102.00 — 1,201.99	734.67 — 801.33	551 — 600	20	0	0	0	0	0
1,202.00 — 1,301.99	801.34 — 867.99	601 — 650	25	5	0	0	0	0
1,302.00 — 1,401.99	868.00 — 934.66	651 — 700	30	10	0	0	0	0
1,402.00 — 1,501.99	934.67 — 1,001.33	701 — 750	35	15	0	0	0	0
1,502.00 — 1,601.99	1,001.34 — 1,067.99	751 — 800	40	20	0	0	0	0
1,602.00 — 1,701.99	1,068.00 — 1,134.66	801 — 850	45	25	5	0	0	0
1,702.00 — 1,801.99	1,134.67 — 1,201.33	851 — 900	50	30	10	0	0	0
1,802.00 — 1,901.99	1,201.34 — 1,267.99	901 — 950	55	35	15	0	0	0
1,902.00 — 2,001.99	1,268.00 — 1,334.66	951 — 1,000	60	40	20	0	0	0
2,002.00 — 2,051.99	1,334.67 — 1,367.99	1,001 — 1,025	65	45	25	5	0	0
2,052.00 — 2,101.99	1,368.00 — 1,401.33	1,026 — 1,050	70	50	30	10	0	0
2,102.00 — 2,151.99	1,401.34 — 1,434.66	1,051 — 1,075	75	55	35	15	0	0
2,152.00 — 2,201.99	1,434.67 — 1,467.99	1,076 — 1,100	80	60	40	20	0	0
2,202.00 — 2,251.99	1,468.00 — 1,501.33	1,101 — 1,125	85	65	45	25	5	0
2,252.00 — 2,301.99	1,501.34 — 1,534.66	1,126 — 1,150	90	70	50	20	10	0
2,302.00 — 2,351.99	1,534.67 — 1,567.99	1,151 — 1,175	95	75	55	35	15	0
2,352.00 — 2,401.99	1,568.00 — 1,601.33	1,176 — 1,200	100	80	60	40	20	0
2,402.00 — 2,451.99	1,601.34 — 1,634.66	1,201 — 1,225	105	85	65	45	25	5

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(Pursuant to Government Code Section 11380.1)

11-703 FACTORS AFFECTING LIABILITY OF RESPONSIBLE RELATIVE 11-703  
(Continued)

.32 Child Freed of Responsibility for Support of Parent

If an adult child wishes to be freed of responsibility for support of a parent, he may file in the Superior Court of the county in which his parent resides, pursuant to Civil Code 206.5, a petition to establish that he was abandoned for a period of two or more years prior to his 18th birthday. An adult child who has been freed of the responsibility for parental support has no liability under the Relatives' Contribution Scale regardless of his income. He is also freed from any liability previously established but not yet paid at the time [redacted] of the court order freeing him from responsibility.

.33 Special Factors and Their Effect on the [redacted] Liability of a Responsible Relative

.331 Recipient Receives Medical Care

Liability of a responsible relative shall not be increased as a result of medical care provided to his parent(s) under the Medi-Cal program.

.332 A Responsible Relative has Two Living Parents Who are Recipients of SSP

[maximum]  
The liability of a responsible relative with two living parents who are recipients of SSP is [redacted] the sum of both parents' SSP grants.

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(Pursuant to Government Code Section 11380.1)

11-703 FACTORS AFFECTING LIABILITY OF RESPONSIBLE RELATIVE 11-703  
(Continued).333 Responsible Relative Living in Home of Parent

Liability of the responsible relative is not altered by his  
payment of room and board to a parent.

.4 Evaluation of Contributions In-Kind by a Responsible Relative

A Responsible Relative may meet his liability in full or in part by in-  
kind contributions. The following rules determine the extent, if any,  
to which liability can be met by a contribution in kind.

.41 Contribution of an item included in the SSP benefit level (housing,  
transportation)  
utilities, food, clothing) shall be valued at the actual cost to  
the relative.

.42 Contribution of an item not included in .41 above shall not serve  
to modify or to meet any portion of the relative's legal liability.

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(Pursuant to Government Code Section 11380.1)

11-703 FACTORS AFFECTING LIABILITY OF RESPONSIBLE RELATIVE (Continued) 11-703

.52 One adult child - When the monthly liability of an adult child of an SSP recipient or applicant exceeds the amount of the grant, the liability will be reduced to the amount of the SSP grant.

.53 More than one adult child - When an aged SSP recipient has more than one adult child, including adult children residing outside of California, the liability of each adult child shall be the lesser of the following:

a. The amount determined by dividing the SSP payment by the total number of living adult children of the parent, or

b. The amount arrived at as determined by the Relatives' Contribution Scale (see 11-703.31).

The share of any one of such responsible relatives shall not be subsequently increased upon the failure of any of the recipient's other responsible relatives to pay their share.

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(Pursuant to Government Code Section 11380.1)

11-704      PROCEDURE FOR DETERMINING LIABILITY OF AN ADULT CHILD

11-704

.1    Use of SSP Recipient Questionnaire

In order to determine liability or nonliability of responsible relatives,  
the Department will send to each recipient a questionnaire which requests  
the recipient to provide the Department with the name and address of all  
his adult children.

.2    Use of Statement of Responsible Relative - General

Actual liability of a responsible relative to support or to contribute to  
the support of a recipient shall be determined wherever possible, on the  
basis of such relative's written declaration giving detailed information  
concerning his income, deductible expenses, if any, dependents, etc.  
Accordingly, a "Statement of Responsible Relative" form shall be sent to  
each responsible relative. Such form must be completed and returned to  
the Department by the responsible relative within 30 days after the initial  
mailing of the form to such relative.

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(Pursuant to Government Code Section 11380.1)

11-704 PROCEDURE FOR DETERMINING LIABILITY OF AN ADULT CHILD11-704

(Continued)

.21 Action on Statement of Responsible Relative

The completed Statement of Responsible Relative shall be reviewed  
for completeness, accuracy and consistency with any other information  
the Department has concerning the responsible relative's circumstances.  
Liability or nonliability shall be determined as set forth below.

.211 Evidence Indicates that Information on the Statement of Responsible  
Relative is inaccurate or incomplete

The Department may make whatever further investigation is necessary  
before determining liability or nonliability. However, the  
responsible relative shall always be notified before an inquiry  
is directed to his employer. (W&IC Section 12350)

.212 Completed Statement of Responsible Relative and Any Supplemental  
Information Indicate Nonliability

A determination of nonliability shall be made and recorded and  
the responsible relative shall be so notified.

.213 Completed Statement of Responsible Relative and Any Supplemental  
Information Indicate Liability

Liability shall be fixed at the amount prescribed by the scale,  
\_\_\_\_\_ and the responsible  
relative shall be notified as provided in Section 11-705.1.

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(Pursuant to Government Code Section 11380.1)

11-704 PROCEDURE FOR DETERMINING LIABILITY OF AN ADULT CHILD 11-704  
(Continued)

.22 Action When Statement of Responsible Relative Not Returned

The Department shall send a follow-up request for the completed form within 30 days after the initial mailing of the form to the responsible relative.

.221 Completed Statement of Responsible Relative Submitted as a Result of the Follow-Up

Action in evaluating the form and determining liability shall be the same as that provided in Section .21 above.

.222 Completed Statement of Responsible Relative Still Not Submitted

If within 30 days after the follow-up request the responsible relative fails to provide information regarding his income and/or dependents, the state shall proceed to act reasonably in obtaining this information from available public sources and fix the liability of the adult child based on the information so obtained. If no information can be obtained from public sources, the state may fix the liability based on the information available. In no case, shall the liability so fixed exceed the SSP payment divided by the number of  living adult children of the parent(s).

The monthly liability of the responsible relative shall remain at the amount fixed by the above method until such time as the responsible relative submits sufficient information to the contrary. The Department shall then compute liability as provided in Section 11-703.3.

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(Pursuant to Government Code Section 11380.1)

11-704 PROCEDURE FOR DETERMINING LIABILITY OF AN ADULT CHILD 11-704  
(Continued).3 Reinvestigations

Liability or nonliability of each adult child shall be redetermined at least every two years in accord with the procedures set forth in .2 above or when one or more of the following conditions exist:

- a. Evidence is obtained which raises doubt as to the validity of the existing finding of liability or nonliability;
- b. The responsible relative requests a redetermination.

.31 The Notification to Responsible Relative

The responsible relative shall be notified immediately in the manner prescribed in Section 11-705.1 of any change in his fixed liability.

.4 Responsible Relative's Right to Appeal

Any responsible relative who has been found liable to make a contribution as provided herein and is dissatisfied with such finding may appeal to DBP for modification or elimination of the liability. Such appeal shall be handled in the manner prescribed for fair hearing requests for a recipient. (See Fair Hearing Procedures Chapter 22-000 of Operations Manual).

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(Pursuant to Government Code Section 11380.1)

11-705 RESPONSIBLE RELATIVE PAYMENTS

11-705

.1 Use of Notification of Responsible Relative Liability and Billing Statement

When liability of a responsible relative has been established the Department shall notify the responsible relative of the amount of his liability each month that a liability exists by means of a billing statement. The responsible relative must remit payment of his current liability to DBP not later than 30 days after receipt of the billing statement.

.11 Effective Date

The effective date of the commencement of liability shall be the first day of the month immediately preceding the month in which the initial billing statement is received or the first day of the month specified in the initial billing statement, whichever is later.

.12 Responsible Relative Fails to Remit Payment of Liability Within 30 Days After Receipt of Billing Statement

Failure to remit payment of liability to DBP within 30 days after receipt of the billing statement is deemed failure to meet responsible relative obligation (see .1 above). Each succeeding billing statement shall state the amount of the current payment and the amount delinquent.

.13 Responsible Relative Fails to Remit Payment of Liability Within 60 Days After Receipt of the Billing Statement

The Department shall notify the responsible relative (per W & I Code Section 12350) that the Department may request the Attorney General's Office to initiate legal action against the responsible relative if payment is not received within 30 days after receipt of the notice.

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(Pursuant to Government Code Section 11380.1)

11-70511-705

## RESPONSIBLE RELATIVE PAYMENTS (Continued)

.14 Unliquidated Obligations

Unpaid responsible relative obligations existing on December 31, 1973,  
are canceled, except that a responsible relative is liable for all his  
unliquidated responsible relative obligations that existed on December  
31, 1973, if he fails to remit payment for his monthly liability within  
30 days after receipt of the billing statement.

.2 Disposition of Payments in Excess of the Amount of the Cash Grant

Any excess payments which are received by DBP shall be applied first to  
past months unpaid liability beginning with January 1, 1974. Any

amount then remaining may be held to be applied toward the liability for  
future months or refunded to the responsible relatives at the discretion  
of the Department. If such excess amount is received from more than one  
based on the same aid recipient,  
responsible relative /the excess shall be returned or credited according  
actually  
to the proportionate shares/contributed.

If aid is terminated, DBP shall return to the contributing responsible  
relative(s) any such remaining payments held by the Department.

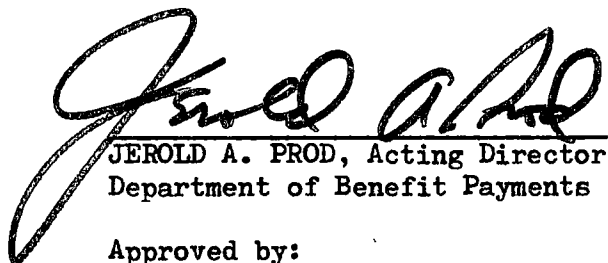
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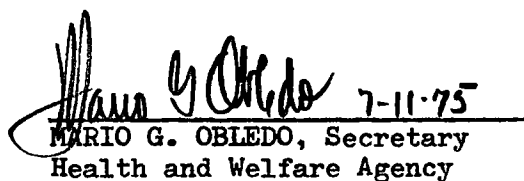
(Pursuant to Government Code Section 11880.1)

This regulation contains no mandate for a new program or increased level of service of an existing program within the meaning of Revenue and Taxation Code Section 2231(d).

Approved by:

  
JEROLD A. PROD, Acting Director  
Department of Benefit Payments

Approved by:

 7-11-75  
MARIO G. OBLEDO, Secretary  
Health and Welfare Agency

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(Pursuant to Government Code Section 11380.1)

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**JUL 18 1975**

Office of Administrative Hearings

**ENDORSED**  
**APPROVED FOR FILING**  
 (Gov. Code 11380.2)  
**JUL 18 1975**

Office of Administrative Hearings

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Copy below is hereby certified to be a true and correct copy of regulations adopted, or amended, or an order of repeal by:

Department of Benefit Payments

(Agency)

Dated: June 5, 1975

By: [Signature]

Acting Director

(Title)

**FILED**

In the office of the Secretary of State  
of the State of California

**JUL 18 1975** *m*

At 8:50 o'clock a M.

MARCH FONG EU, Secretary of State

By: Merpie R. Herschberger  
Deputy Secretary of State

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After proceedings had in accordance with the provisions of the Administrative Procedure Act (Gov. Code, Title 2, Div. 3, Part 1, Chapter 4.5) and pursuant to the authority vested by Sections 10552, 10553, 10554 and 10604 of the Welfare and Institutions Code, the Department of Benefit Payments hereby repeals, amends, and adopts regulations referred to in Title 22, California Administrative Code, as hereinafter set forth.

This order shall take effect on the thirtieth day after its filing with the Secretary of State as provided in Section 11422 of the Government Code.

Amend Sections: 22-001.12  
22-023.12

Adopt Sections: 22-049.11

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(Pursuant to Government Code Section 11380.1)

22-001 DEFINITIONS - FAIR HEARING (Continued)

22-001

.12 A fair hearing request may be denied or dismissed where the sole issue is:

.121 One of state or federal law requiring automatic grant adjustments for classes of recipients or

.122 The subject of a final determination by the state manpower agency that the claimant has, without good cause, refused to accept employment or participate in the WIN program, rendered after a WIN hearing before the state manpower agency or based on the claimant's failure to request such a hearing after notice of intended action for such refusal.

22-023 COUNTY WELFARE AGENCY RESPONSIBILITY PRIOR TO THE FAIR HEARING  
(Continued)

22-023

.12 Upon receipt of a request for fair hearing filed in accordance with Section 22-001.31, the county shall immediately comply with Section 22-023.11 above and, no later than the third (3rd) day after receiving the request, shall notify the Office of Chief Referee in Sacramento that a request for fair hearing has been received including in the notification all information pertinent to such request.

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(Pursuant to Government Code Section 11380.1)

22-049 THE HEARING - GENERAL RULES AND PROCEDURE (Continued) 22-049

.11 With respect to the Work Incentive Program, when the hearing request is based on a disputed registration requirement, exemption determination, failure to conduct an adequate job search (see 30-152.1), or finding of failure to appear for an appraisal interview, a representative of the local WIN Manpower Agency shall participate if:

.111 The county or the claimant requests such participation, and

.112 The local WIN Manpower Agency can provide testimony, evidence, or argument relevant to the above issues.

If the local WIN Manpower Agency does not attend the hearing, it shall be presumed that the agency does not have relevant testimony, evidence, or argument. This does not preclude the county or the claimant from subpoenaing a representative of the local WIN Manpower Agency pursuant to Section 22-049.6.

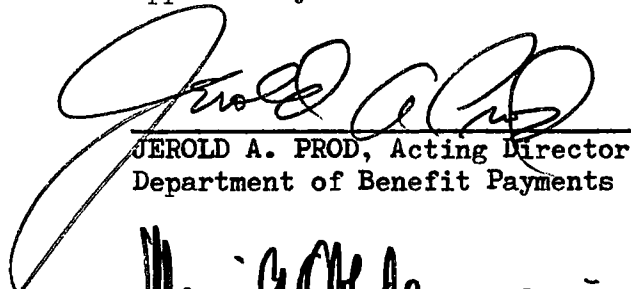
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WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

This regulation contains no mandate for a new program or increased level of service of an existing program within the meaning of Section 2231(d) of the Revenue and Taxation Code.

Approved by:

  
JEROLD A. PROD, Acting Director  
Department of Benefit Payments

 7-18-75  
MARIO G. OBLEDO, Secretary  
Health and Welfare Agency

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Office of Administrative Hearings

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APPROVED FOR FILING  
(Gov. Code 11380.2)  
**JUL 18 1975**

Office of Administrative Hearings

Copy below is hereby certified to be a true and correct copy of regulations adopted, or amended, or an order of repeal by:

Department of Benefit Payments

(Agency)

Dated: 7/2/75

By: *[Signature]*

Acting Director

(Title)

**FILED**

In the office of the Secretary of State  
of the State of California

**JUL 18 1975**

At 8:30 o'clock *a* M.

MARCH FONG EU, Secretary of State

By: *[Signature]*  
Deputy Secretary of State

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After proceedings had in accordance with the provisions of the Administrative Procedure Act (Gov. Code, Title 2, Div. 3, Part 1, Chapter 4.5) and pursuant to the authority vested by Sections 10552, 10553, 10554 and 10604 of the Welfare and Institutions Code, the Department of Benefit Payments hereby repeals, amends, and adopts regulations referred to in Title 22, California Administrative Code, as hereinafter set forth.

This order shall take effect on the thirtieth day after its filing with the Secretary of State as provided in Section 11422 of the Government Code.

Amend: Section 63-2407

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(Pursuant to Government Code Section 11380.1)

63-2407 CONTINUATION OF BENEFITS

63-2407

If a household requests a hearing and continuation of benefits during the advance notice period, participation shall be continued on the basis authorized prior to the notice of adverse action

regardless of the expiration of the  
recipient's certification period.

If a household establishes that its failure to request a hearing and continuation of benefits during the advance notice period was for good cause, the county welfare department may provide for reinstatement of benefits on the prior basis. When benefits are reduced or terminated as a result of a mass change without individual notice of adverse action as provided in Section 63-2406.1, the county welfare department shall, upon request of the household, reinstate benefits if the issue being appealed is that eligibility or benefits were improperly computed. Any benefits continued or reinstated above shall be based on the basis of issuance table currently in effect. In no instance shall benefits be continued based on obsolete issuance tables. Once continued or reinstated, benefits will continue at these levels until there is a ruling by the hearing official or other change in household circumstances.

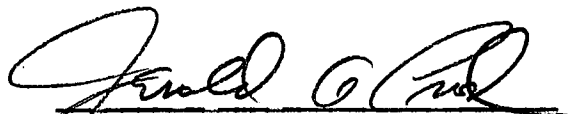
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WITH THE SECRETARY OF STATE


(Pursuant to Government Code Section 11380.1)

This regulation contains no mandate for a new program or increased level of service of an existing program within the meaning of Section 2231(d) of the Revenue and Taxation Code.

Approved:

  
JEROLD A. PROD, Acting Director  
Department of Benefit Payments

Approved:

  
MARIO G. OBLEDO, Secretary  
Health and Welfare Agency

Date: 7-14-75

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(Pursuant to Government Code Section 11380.1)

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Office of Administrative Hearings

**ENDORSED**  
APPROVED FOR FILING  
GOV. CODE 11380.2  
JUL 24 1975

Office of Administrative Hearings

Copy below is hereby certified to be a true  
and correct copy of regulations adopted, or  
amended, or an order of repeal by:

Department of Benefit Payments

(Agency)

Dated: 6-27-75

By: Acting Director

(Title)

FILED

In the office of the Secretary of State  
of the State of California

JUL 24 1975

At 8:45 o'clock a.m.

MARCH FONG EU, Secretary of State

By: *Margie R. Hershberg*  
Deputy Secretary of State

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

After proceedings had in accordance with the provisions of the Administrative Procedure Act (Gov. Code, Title 2, Div. 3, Part 1, Chapter 4.5) and pursuant to the authority vested by Sections 10552, 10553, 10554 and 10604 of the Welfare and Institutions Code, the Department of Benefit Payments hereby repeals, amends, and adopts regulations referred to in Title 22, California Administrative Code, as hereinafter set forth.

#### FINDING OF EMERGENCY

The implementation of the following regulations is an emergency measure necessary for the immediate preservation of the public health, safety, and general welfare within the meaning of the provisions of Section 11421(b) of the Government Code.

Revise: 63-1008.2  
63-3500.  
63-3512.  
63-3513.

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CONTINUATION SHEET  
FOR FILING ADMINISTRATIVE REGULATIONS  
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

FINDING OF EMERGENCY

1. Welfare and Institutions Code Section 18904 provides that counties shall offer food stamp recipients a choice of Public Assistance Voluntary Withholding, direct mailing and at least one non-mail method of receiving food coupons by July 1, 1975.
2. The attached regulation changes implement W&IC Section 18904.
3. Since the non-emergency regulation adoption procedures of the Administrative Procedures Act would not permit promulgation of the attached regulation changes by July 1, 1975, it is necessary to adopt these regulation changes on an emergency basis.

The regulation changes set forth above are adopted as emergency measures to become effective immediately after filing with the Secretary of State.

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FOR FILING ADMINISTRATIVE REGULATIONS  
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

63-1008 RESPONSIBILITY OF THE COUNTY WELFARE DEPARTMENT  
(Continued)

63-1008

- .2 Procedures for public assistance withholding (63-3500), direct mailing issuance (63-3600) and at least one non-mail issuance method (i.e., "over-the-counter" method - see Sections 63-3310 and 63-3700) shall be established.

63-3500 PUBLIC ASSISTANCE VOLUNTARY WITHHOLDING (PAW) OF  
FOOD STAMP PURCHASE COSTS

63-3500

Counties \_\_\_\_\_ shall \_\_\_\_\_ permit any household participating in the Food Stamp Program, if it so elects, to have the cost of its full monthly coupon allotment deducted from any grant or payment such household may be entitled to receive under any federally aided public assistance program, and have its full monthly coupon allotment distributed to it.

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FOR FILING ADMINISTRATIVE REGULATIONS  
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(Pursuant to Government Code Section 11380.1)

63-3512 PAW DEDUCTIONS

63-3512

.1 Who May Participate in PAW

Only public assistance recipients as defined in 63-3500 above who are members of PA or NA Food Stamp households may elect to participate in PAW. These recipients who elect to participate in PAW may do so if their monthly public assistance grant(s) and/or payment(s), or the combined total of their grants and/or payments equals or exceeds the household's total Food Stamp purchase requirement, thus permitting deduction of the total purchase requirement from their aid grant(s) and/or payment(s).

.2 Basis of PAW Deduction

Under PAW variable purchase options do not exist (see Section 63-3400). Therefore, the total purchase requirement must be deducted from public assistance grant(s) and/or payment(s) made to household members who elect to participate in PAW. Under no circumstances shall a county deliver food stamps to a household by PAW unless full payment of the purchase requirement has been deducted in advance from such aid. Forms DFA 302 and DFA 302A have been combined and the new DFA 302 form provides for "sharing" of the purchase requirement.

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(Pursuant to Government Code Section 11380.1)

63-3512 PAW DEDUCTIONS (Continued)

63-3512

.3 Methods for Deducting PAW from AFDC Grants

AFDC recipients qualifying for PAW participation per .1 above may choose to have the balance of their aid, after the deduction for PAW, paid to them in two equal or unequal installment amounts, in accordance with AFDC procedures. AFDC recipients participating in PAW should be encouraged to elect receipt of at least half of the balance of their AFDC grant in their first monthly installment, thereby increasing their opportunities to fully utilize their aid.

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63-3513 AUTHORITY FOR DEVIATIONS

63-3513

County welfare departments wishing to deviate from requirements of Division 63, Food Stamp Regulations, must submit their request to DBP-FSPM for FNS approval.



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(Pursuant to Government Code Section 11380.1)

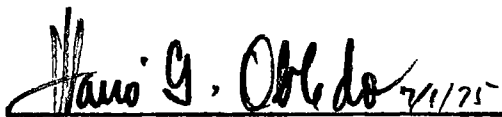
There are no state mandated local costs in this regulation that require reimbursement under Section 2231 of the Revenue and Taxation Code because the regulation merely affirms for the State that which has been declared existing law or regulation through action by the Federal and State Governments.

Approved by:



JEROLD A. PROD, Acting Director  
Department of Benefit Payments

Approved by:



MARIO G. OBLEDO, Secretary  
Health and Welfare Agency

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FACE SHEET  
FOR FILING ADMINISTRATIVE REGULATIONS  
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

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AUG 5 1975

Office of Administrative Hearings

**ENDORSED**  
APPROVED FOR FILING  
(Gov. Code 11380.1)  
AUG 5 1975

Office of Administrative Hearings

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Copy below is hereby certified to be a true  
and correct copy of regulations adopted, or  
amended, or an order of repeal by:

Department of Benefit Payments

(Agency)

Dated: 6/26/75By: Eno

Acting Director

(Title)

**FILED**

In the office of the Secretary of State  
of the State of California

AUG 5 - 1975

At 9:45 o'clock a M.

MARCH FONG EU, Secretary of State

By Mervin R. Hershenov  
Deputy Secretary of State

DO NOT WRITE IN THIS SPACE

After proceedings had in accordance with the provisions of the Administrative Procedure Act (Gov. Code, Title 2, Div. 3, Part 1, Chapter 4.5) and pursuant to the authority vested by Sections 10552, 10553, 10554 and 10604 of the Welfare and Institutions Code, the Department of Benefit Payments hereby repeals, amends, and adopts regulations referred to in Title 22, California Administrative Code, as hereinafter set forth.

This order shall take effect on the thirtieth day after its filing with the Secretary of State as provided in Section 11422 of the Government Code.

Amend: Sections 44-101.5  
44-111.33

Adopt: Section 46-315.19

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WITH THE SECRETARY OF STATE**

(Pursuant to Government Code Section 11380.1)

44-101 INCOME DEFINITIONS (Continued)

44-101

AFDC  
APSB

**.5 Earned Income**

.51 Earned income is income received in cash or in kind as wages, salary, commissions or profit from activities such as business enterprise, farming, etc., in which the recipient is engaged as a self-employed individual or as an employee.

.52 Earned income also includes

.521 Earnings over a period of time for which settlement is made at one given time, as in the instance of sale of farm crops, livestock or poultry, other than sale of an entire holding. See Section 44-135.

.522 Returns from personal or real property, such as net income from rental of rooms, or board and room, if such returns result from an appreciable and continuous effort on the part of the applicant or recipient.

.523 Earnings under Title I of the Elementary and Secondary Education Act, and wages paid under the CETA act.

.524 Payments under the Economic Opportunity Act, including payments to beneficiaries of assistance under that Act, through such programs as the Job Corps, the Neighborhood Youth Corps, New Careers and Concentrated Employment.

AFDC

.525 Training incentive payments and work allowances under ongoing manpower programs, other than WIN and CETA, such as MDTA.

AFDC  
APSB

**.53 Earned income does not include**

.531 Loans and grants, such as scholarships, obtained and used under conditions that preclude their use for current living costs.

.532 Benefits (not in the nature of wages, salary, or profit) accruing as compensation, or reward for service, or as compensation for lack of employment (for example, pensions and benefits, such as veterans benefits).

AFDC

.533 Incentive payments or earnings derived from participation in Institutional and Work Experience Training or Special Work Projects under the WIN program.

.534 The expense allowance paid to recipient participants in MDTA of \$10 per week. This allowance is applied against the expenses of training in determining net income (see Section 44-113.23).

.535 The training allowances paid to recipient participants in CETA. The expense/portion allowance/is applied against the expenses of training in determining net income (see Section 44-113.23). The incentive allowance

portion is exempt to the extent provided in Section 44-111.33.

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WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

44-111 PAYMENTS EXCLUDED OR EXEMPT FROM CONSIDERATION AS INCOME (Continued) 44-111

AFDC .33 Comprehensive Employment and Training  
Up to \$30 per week of the Title I of  
/Incentive allowances made to trainees under/ the  
Comprehensive Employment and Training Act are exempt. This  
exemption applies to any CETA trainee whose needs or income are  
taken into account in determining the amount of public assistance  
payments to himself or others. This exemption does not apply to wages  
or other training allowances under the Act.

46-315 PAYMENTS EXCLUDED OR DISREGARDED IN CONSIDERING INCOME (Continued) 46-315

.19 CETA Incentive Payments  
Up to \$30 per week of the Title I of  
/Incentive allowances made to trainees under/ the  
Comprehensive Employment and Training Act (CETA). This exemption  
applies to any CETA trainee whose needs or income are taken into  
account in determining the amount of public assistance payments  
to himself or others. This exemption does not apply to wages or other  
training allowances under the Act.

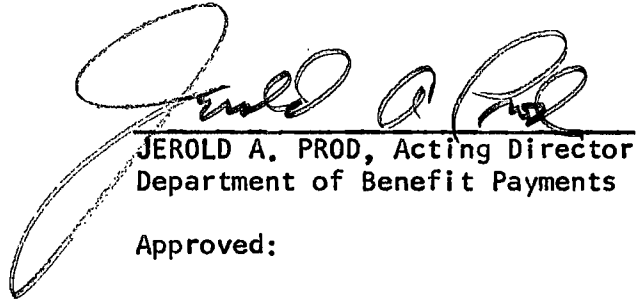
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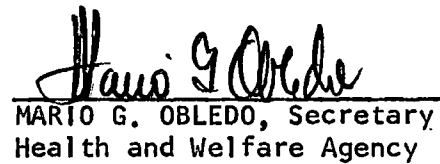
There are no state mandated local costs within the meaning of Section 2231 of the Revenue and Taxation Code because these regulations merely implement recently enacted Federal Law (Public Law 93-203).

Approved:



JEROLD A. PROD, Acting Director  
Department of Benefit Payments

Approved:



MARIO G. OBLEDO, Secretary  
Health and Welfare Agency

Date: 7-25-75

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FACE SHEET  
FOR FILING ADMINISTRATIVE REGULATIONS  
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(Pursuant to Government Code Section 11380.1)

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Office of Administrative Hearings

**ENDORSED**  
APPROVED FOR FILING  
(Gov. Code 11380.2)  
AUG 7 1975

Office of Administrative Hearings

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Copy below is hereby certified to be a true and correct copy of regulations adopted, or amended, or an order of repeal by:

Department of Benefit Payments

(Agency)

Dated: 5/28/75

By:

Acting Director

(Title)

**FILED**

In the office of the Secretary of State  
of the State of California

AUG 7 1975

At \_\_\_\_\_ o'clock \_\_\_\_\_ M.

MARCH FONG EU, Secretary of State

By: *Phen Dendash*  
Deputy Secretary of State

DO NOT WRITE IN THIS SPACE

After proceedings had in accordance with the provisions of the Administrative Procedure Act (Gov. Code, Title 2, Div. 3, Part 1, Chapter 4.5) and pursuant to the authority vested by Sections 10552, 10553, 10554 and 10604 of the Welfare and Institutions Code, the Department of Benefit Payments hereby repeals, amends, and adopts regulations referred to in Title 22, California Administrative Code, as hereinafter set forth.

This order shall take effect on the thirtieth day after its filing with the Secretary of State as provided in Section 11422 of the Government Code.

Amended Section: 63-4220.4

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WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

63-4220 COUPON BOOKS RETURNED FOR REFUND (Continued)

63-4220

.4 All refund claims must be documented by a signed and dated request from the claimant, typed or written in ink, containing claimant's address and any additional statements or materials required in Sections 63-4221 and 63-4222.

.41 Never send coupon books and/or loose coupon books under separate cover when they are related to claim cases.

.42 Make certain that all food coupons forwarded to FNS are cancelled and attached securely to the covering correspondence.

.43 Send all unused coupons for repayments and/or accountability to the:

Claims Branch

Finance and Program Accounting Division

Food and Nutrition Service

U. S. Department of Agriculture

Washington D. C. 20250

Marked "TO BE OPENED BY ADDRESSEE ONLY."

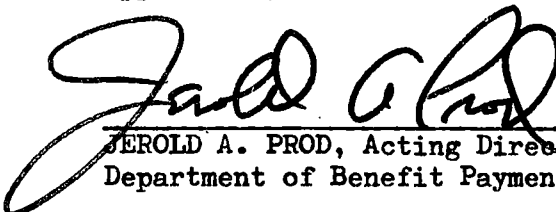
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WITH THE SECRETARY OF STATE


(Pursuant to Government Code Section 11380.1)

This regulation contains no mandate for a new program or increased level of service of an existing program within the meaning of Section 2231(d) of the Revenue and Taxation Code.


Approved by:

  
JEROLD A. PROD, Acting Director  
Department of Benefit Payments

Approved by:

  
MARIO OBLEDO, Secretary  
Health and Welfare Agency

Approved by:

  
MARION J. WOODS, Director  
Department of Benefit Payments

Date AUG 6 1975

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AUG 7 1975

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Copy below is hereby certified to be a true  
and correct copy of regulations adopted, or  
amended, or an order of repeal by:

Department of Benefit Payments

(Agency)

Dated: 5/22/75

By:

*[Signature]*  
Acting Director

(Title)

FILED

In the office of the Secretary of State  
of the State of California

AUG 7 1975

At 9:00 o'clock A.M.

MARCH FONG EU, Secretary of State

By *[Signature]*  
Deputy Secretary of State

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After proceedings had in accordance with the provisions of the Administrative Procedure Act (Gov. Code, Title 2, Div. 3, Part 1, Chapter 4.5) and pursuant to the authority vested by Sections 10552, 10553, 10554 and 10604 of the Welfare and Institutions Code, the Department of Benefit Payments hereby repeals, amends, and adopts regulations referred to in Title 22, California Administrative Code, as hereinafter set forth.

This order shall take effect on the thirtieth day after its filing with the Secretary of State as provided in Section 11422 of the Government Code.

ADOPT: Section 22-024

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WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

22-024 PROVIDING APPLICANTS AND RECIPIENTS WITH POLICY MATERIALS  
PERTINENT TO ADVERSE ACTION

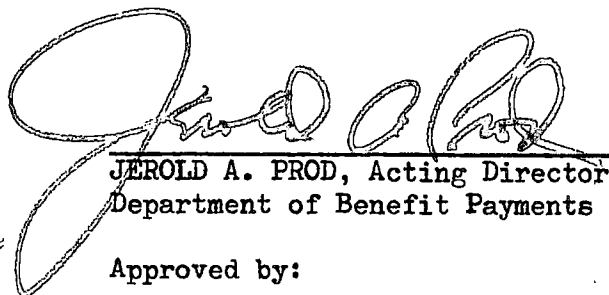
22-024

without charge or  
Upon request, the county welfare department shall reproduce/at a  
charge related to the cost of reproduction the specific policy  
materials necessary for an applicant or recipient, or his  
representative, to determine whether a fair hearing should be  
requested or to prepare for a fair hearing.

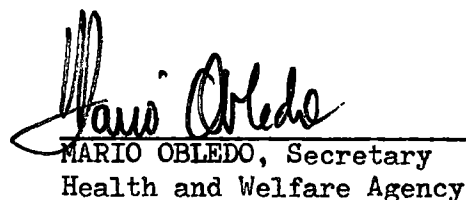
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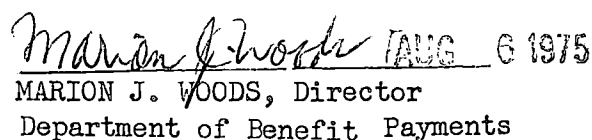
Approved by:

  
JEROLD A. PROD, Acting Director  
Department of Benefit Payments

Approved by:

  
MARIO OBLEDO, Secretary  
Health and Welfare AgencyDate: 7-25-75

Approved by:

 AUG 6 1975  
MARION J. WOODS, Director  
Department of Benefit Payments

FACE SHEET  
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WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

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AUG 12 1975

Office of Administrative Hearings

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Copy below is hereby certified to be a true and correct copy of regulations adopted, or amended, or an order of repeal by:

Department of Benefit Payments

(Agency)

Dated: August 12, 1975

By: *Marion J. Wood*

Director

(Title)

**FILED**

In the office of the Secretary of State  
of the State of California

AUG 12 1975

At 4:45 o'clock P.M.

MARCH FONG EU, Secretary of State

By: *Marjorie R. Sherkberger*  
Deputy Secretary of State

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After proceedings had in accordance with the provisions of the Administrative Procedure Act (Gov. Code, Title 2, Div. 3, Part 1, Chapter 4.5) and pursuant to the authority vested by Sections 10552, 10553, 10554 and 10604 of the Welfare and Institutions Code, the Department of Benefit Payments hereby repeals, amends, and adopts regulations referred to in Title 22, California Administrative Code, as hereinafter set forth.

This order shall take effect on the thirtieth day after its filing with the Secretary of State as provided in Section 11422 of the Government Code.

Adopt: Division 68 Repatriate Regulations  
Division 69 Cuban Refugee Regulations

Amend: 68-103 69-101  
68-104 69-103  
68-105 69-105  
68-106  
68-108

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**CONTINUATION SHEET  
FOR FILING ADMINISTRATIVE REGULATIONS  
WITH THE SECRETARY OF STATE**

(Pursuant to Government Code Section 11380.1)

**DIVISION 68 REPATRIATED AMERICANS**

**CHAPTER 68-100 REPATRIATE PROGRAM (ASSISTANCE TO U. S. CITIZENS RETURNED FROM FOREIGN COUNTRIES)**

**68-101 STATUTORY BASE**

**68-101**

Assistance to destitute and ill U. S. citizens returned from foreign countries was authorized under Public Law 87-64, which added Section 1113 to Title XI of the Social Security Act (Amendments of 1961). Assistance to U. S. citizens returned because of mental illness was authorized under Public Law 86-571 (1960).

**68-102 PROGRAM OBJECTIVES**

**68-102**

The purpose of the Repatriate Program is to help needy U. S. citizens and their dependents for a limited period of time to enable them to utilize their own resources for self-support as soon as possible. It is also to provide for the care and treatment of mentally ill Nationals upon their arrival in the United States.

**68-103 ELIGIBILITY REQUIREMENTS**

**68-103**

To be eligible for assistance under the program, persons must be:

- .1 U. S. Citizens or their dependents. (Dependents who qualify include spouse, parents, unmarried minor children, including adopted children and stepchildren and unmarried adult children who are dependents because they are handicapped.)
- .2 Actually in the U. S. A., having been identified by the Department of State and returned from a foreign country because of destitution, illness (including mental illness) or because of war (or threat of war).
- .3 Without resources immediately accessible to meet their needs.

In addition, for purposes of eligibility, it is necessary to determine the place of residence of repatriates. A person who was a resident of California at the time he left the state and who retained California residence during his absence is eligible to receive only temporary assistance from the Repatriate Program. (See Section 68-104.1.)

Any other repatriate is eligible, so far as residence is concerned, to receive temporary and/or continuing assistance from the Repatriate Program. (See Section 68-104 and 68-105.) Thus, a repatriate who was not previously a resident of California or who lost California residence during his absence may, if otherwise eligible, receive continuing repatriate assistance unless he is found eligible for SSI/SSP.

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WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

68-104      NEED STANDARD AND AID PAYMENTS

68-104

.1      Temporary Assistance

Temporary assistance is available to meet immediate needs. Such assistance includes costs of reception services at port of entry, temporary food and lodging, transportation to other areas in California or to other states, occasional escort service for children or incapacitated adults, and other services as requested. Arrangements for such services will be made by the State Department of Health Repatriate Program Consultant with the county upon request of the Department of Health, Education, and Welfare.

.2      Continuing Assistance

Repatriates who are otherwise eligible (see Section 68-103) are entitled to receive money payments, medical care and other services to meet their needs.

Assistance provided to adult repatriates will be based on the SSI standard of assistance and level of payment.

For a family, the AFDC standard of assistance is used. All AFDC linked cases will receive full need.

Within 60 days after arrival in the U. S., all persons who are sixty-five (65) years of age or older, blind or disabled, must be referred to the Social Security Administration to apply for SSI benefits. Assistance from the Repatriate Program shall be terminated immediately upon determination of eligibility for SSI benefits.

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WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

68-104    NEED STANDARD AND AID PAYMENTS    (Continued)

68-104

Residents of California shall, within 60 days after arrival in the U.S., apply for categorical assistance, including General Assistance. Categorical assistance and SSI are considered resources available to the repatriate.

68-105    DURATION OF ASSISTANCE

68-105

Aid is generally limited to a 12-month period unless the person achieves self-support during this time. The 12 months start from the time of arrival of the repatriate back in the United States.

In hardship cases aid may be extended an additional six months but in no instance may it exceed a total of 18 months. The usual reasons for hardship would be the person's age, disability or lack of vocational preparation for self-support. A request for this extension is indicated in the appropriate box on Form APA 2048 and sent to the Accounting Bureau, State Department of Benefit Payments, 744 P Street Street, Sacramento, CA 95814, for approval by the Department of Health, Education and Welfare.

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(Pursuant to Government Code Section 11380.1)

## 68-106 GENERAL PROCEDURES

68-106

County action, in these cases, is concerned with the determination of resources and need for either financial assistance or other services. There is no application form that the repatriate must sign. However, he must make his need known to the county agency. The county department is under no obligation to seek him out unless specifically requested by either SDH or the federal agency.

Since the number of persons repatriated is relatively small, no rigidly structured procedures are needed. The general procedures are as follows:

- 1 The federal agency notifies the State Department of Health by telephone (if return of the repatriate is imminent) or by letter, of the person's impending repatriation and requests action.
- 2 State Department of Health notifies the county and requests action.
- 3 The county takes appropriate action and sends a report of investigation to State Department of Health.
- 4 The county report is forwarded to the federal agency.
- 5 When the repatriate arrives and makes his need known to the county, aid may be paid.
- 6 By the 5th of each month, following county expenditures, the claim for reimbursement should be sent to the Social Service Consultant, Repatriate Program, Special Services Unit, in State Department of Health Central Office.
- 7 There are only two forms to be completed and they are federal forms.

a. APA-2061 (Report on Referral). This form is to be completed and forwarded not more than five days after first contact with the repatriate whether or not assistance is given. If any financial assistance is given, administrative costs incurred by the county are to be entered in Item (2) of the form in the space designated "Other". The funds for this program are from a "closed-end" budget and this form alerts the Department of Health, Education, and Welfare of the amount that should be set aside for this particular case. Complete in quadruplicate and send three copies to Social Service Consultant, Repatriate Program, Special Services Unit, State Department of Health, 714 P Street, Sacramento, California 95814.

DO NOT WRITE IN THIS SPACE

CONTINUATION SHEET  
FOR FILING ADMINISTRATIVE REGULATIONS  
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

**68-106 GENERAL PROCEDURES (Continued)****68-106**

- b. APA-2048 (Expenditure Statement and Claim for Reimbursement). This form is completed monthly (see Item .6 above). Complete in quadruplicate and send three copies to Accounting Bureau, State Department of Benefit Payments, 744 P Street, Sacramento, California 95814.

Since the number of cases is small, control for audit purposes is maintained by name only in the SDH and the federal agency. However, the county may use any combination of numbers or letters for its own internal control procedures. A separate case record should be maintained for each case and recorded entries made to justify all expenditures made and services given.

**68-107 SPECIAL PROCEDURES — U. S. CITIZENS REPATRIATED FROM CUBA  
VIA BROWNSVILLE, TEXAS****68-107**

The main difference in procedure for U. S. citizens repatriated from Cuba via Brownsville is that the SDH will not usually, if ever, refer these cases to the county. These repatriates will usually contact the county directly, either on their own or through referral by a voluntary cooperating agency, i.e., U. S. Catholic Conference, Church World Service, United Hebrew Immigrant Aid Society, etc. The county should clear the status of each case through SDH, unless it can be determined from papers in possession of the applicants whether or not they are repatriates. Once the clearance has been made, the procedures under Section 68-106 above are followed.

Since persons on flights via Brownsville will include both repatriates and Cuban refugees, it will be necessary when both spouses enter together or one is already in the U. S., to determine the nationality of the male spouse. His nationality determines the status of the couple. If the husband is a Cuban refugee and the wife is a repatriate, both would be considered Cuban refugees. If he is a repatriate, the wife would also be considered a repatriate, regardless of her registration with the Cuban Refugee Center.

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WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

**68-108      REPAYMENT OF REPATRIATE ASSISTANCE****68-108****.1      Discussion with Repatriate**

Repayment possibility should be discussed with repatriates in order to determine their ability to reimburse for the assistance provided to them under the Repatriate Program.

**.2      Determining Ability to Repay**

The ability to repay should be ascertained by the agency from which the assistance is received. Such agency would usually be the county welfare agency at the port of entry or the welfare agency at the place of final destination.

**.3      Agency Responsibility**

The agency's responsibility in respect to repayment is (1) to explain to an individual requesting assistance that repayment is expected of persons with sufficient financial ability (supplementing this explanation by reference to the Temporary Assistance for Repatriates leaflet), (2) to determine his ability to repay, (3) to develop a plan of repayment when possible, and (4) to recommend on Form APA-2061 regarding repayment.

**.4      Repatriate Resources Available**

This necessitates exploration of the kind and value of resources available to the individual or family and the obligations which must be met from these resources in the future. When possible, this exploration would be made at the time an individual is approved for assistance.

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(Pursuant to Government Code Section 11380.1)

**68-108      REPAYMENT OF REPATRIATE ASSISTANCE (Continued)**

**68-108**

**.5      Minimum Collectible Amount**

Assistance amounting to less than \$50 is considered a sum impracticable for collection.

**.6      Federal Agencies to Be Repaid**

Two federal departments are involved in repayments of repatriate assistance.

**.61      From Foreign Country to Port of Entry**

Repatriates, able to do so, repay the Department of State for transportation loans covering travel from a foreign country to port of entry. These repayments are sent to:

Fiscal Services Division  
Office of Operations  
Department of State  
Washington, D. C. 20520

**.62      From Port of Entry to Final Destination**

Any assistance provided out of Department of Health, Education, and Welfare repatriate funds from port of entry to final destination, plus any assistance out of these funds after arrival there is made by the repatriate able to repay to:

Assistance Payments Administration  
**Social and Rehabilitation Service**  
Department of Health, Education, and Welfare  
Washington, D. C. 20201

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(Pursuant to Government Code Section 11380.1)

**DIVISION 69 CUBAN REFUGEES**

**CHAPTER 69-100 CUBAN REFUGEE REGULATIONS**

**69-101 DETERMINATION OF ELIGIBILITY**

**69-101**

**1 Organization in Florida**

The focal point of the Cuban Refugee Program is the Cuban Refugee Emergency Center, **Coral Gables, Florida.** The Center is under the direction of the Social and Rehabilitation Services. Within the Center there is a registration unit which determines refugee status, provides identification, and makes referrals to the voluntary agencies for resettlement and to the welfare unit (see below) for assistance and other services.

The following voluntary agencies are participating in this program under contract with the Federal Government: United States Catholic Conference; Church World Service; United Hebrew Immigrant Aid Society, Inc.; The International Rescue Committee; and the National Committee for Resettlement of Foreign Physicians, Inc.

The Florida State Department of Public Welfare represents the Federal Government in meeting the needs of Cuban refugees in the Miami area for financial assistance and medical care, and in providing for the care and protection of unaccompanied children. The Florida department has set up a special welfare unit in Miami responsible for assistance, child welfare services and medical care which does not enter directly into the settlement planning of these voluntary agencies.

**2 Definition of a Cuban Refugee**

Within the limitation of funds which may be available, benefits are provided to individuals to alleviate their hardship until such time as circumstances permit them to return voluntarily to their homeland. The nature and extent of the benefits provided are determined from time to time under authority delegated by the Secretary of Health, Education, and Welfare and the conditions under which individuals may participate will vary according to the type of benefit. No right is created for any individual to obtain a benefit or to continue to receive a benefit once given.

Subject to the disqualification below, an individual may be considered to be a Cuban refugee for the purposes of the Cuban Refugee Program if he is registered at the Cuban Refugee Emergency Center, **Coral Gables, Florida, as meeting the following criteria:**

- .21 He is a Cuban National or resided in Cuba for five years prior to departure from Cuba and is presently living in the State of Florida or in another area of the United States as a result of resettlement under the program.
- .22 He left Cuba on or after January 1, 1959, or the Director of the Cuban Refugee Emergency Center finds that withholding of benefits would tend to defeat the purposes of the program.

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(Pursuant to Government Code Section 11380.1)

69-101 DETERMINATION OF ELIGIBILITY (Continued)

69-101

.23 He bears proper identification from the Immigration and Naturalization Service and is:

.231 A parolee under Section 212 (D) (5) of the Immigration and Nationality Act; or

.232 An alien granted indefinite voluntary departure; or

.233 An alien who is a permanent resident of the United States.

.24 The Department of Health, Education, and Welfare has provided policy interpretations for the following specific situations. They are:

.241 Mixed Marriages Between Cuban Refugees and Non-Refugees

In the case of all mixed marriages, irrespective of repatriation from Cuba, the nationality of the male spouse will determine whether the family can be assisted through the Cuban Refugee Program. Thus, a Cuban refugee woman who marries a United States citizen and children born of their marriage would not be considered eligible for financial assistance as a Cuban refugee. However, if she is legally separated from or no longer legally married to, her non-Cuban Refugee spouse, she may again receive Cuban Refugee assistance by identifying herself and sending her CF number to the Cuban Refugee Emergency Center in Coral Gables.

This is in accordance with accepted welfare practice whereby a married woman becomes the dependent of her husband and her eligibility for assistance is derived through him while they are married and living together. However, children born of a previous marriage of their Cuban refugee mother would not automatically be considered the dependents of the United States citizen stepfather. If he has not legally adopted them and the mother and children are registered at the Coral Gables Cuban Refugee Center, the children's needs for financial assistance may be met through the Cuban Refugee Program.

.242 Cubans Entering the United States with Affidavits of Support

Affidavits are given by organizations as well as by individuals. Cuban refugees entering the United States with affidavits of support are not eligible for the benefits of the program. Responsibility for support rests with whoever gave the affidavit of support. Therefore, Cuban refugees with affidavits of support are not eligible for assistance through the Cuban Refugee Program. It will no longer be possible to make exceptions by authorizing financial assistance to a Cuban entering the United States with an affidavit of support who is joining his unaccompanied child, spouse, or child that is living with a related or nonrelated family who are registered with the Florida State Department of Public Welfare or the Coral Gables Cuban Refugee Emergency Center. This does not reflect any change in one of the program objectives that families be united and every effort will be continued to urge the voluntary agencies to help us in uniting families and to assist these Cubans in having the affidavit of support source fulfill its financial responsibility when necessary. While this does not affect eligibility for financial assistance of the child or spouse who is being joined, it is expected that a thorough evaluation will be made of the ability of the Cuban with the affidavit of support to provide for his family.

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69-101 DETERMINATION OF ELIGIBILITY (Continued)

69-101

**.243 Permanent Resident Status for Cuban Refugees**

"Public Law 89-732 became effective November 2, 1966. It provides that Cuban refugees may apply for permanent resident status, thus removing them from a parole status and making it possible for them to become naturalized citizens when other citizenship requirements have been met.

"Public Law 89-732 amends Section 245 of the Immigration and Nationality Act of 1965. It provides in substance that Cuban refugees, including their spouses and children, who are natives or citizens of Cuba admitted or paroled into the United States subsequent to January 1959, and who have been physically present in the United States for at least two years, may apply to the United States Attorney General for adjustment of status to permanent residence. Upon granting such an application, the Attorney General will create a record of lawful admission for permanent residence as of the date 30 months prior to the filing of such an application or the date of the alien's last arrival in the United States, whichever date is later.

"Any Cuban described above who, prior to November 2, 1966, has been lawfully admitted to the United States for permanent residence shall be entitled, upon request, to have the record of such admission changed to reflect the date he originally entered the United States as a nonimmigrant or parolee, or a date 30 months prior to the date of enactment of Public Law 89-732, whichever is later.

"Natives of the Western Hemisphere who had applications pending with the Attorney General, prior to December 1, 1965, will be processed under the provisions of the prior law and, therefore, may adjust status to permanent resident aliens, and will not be required to obtain labor certification. This is a savings clause, since it will be recalled that the new immigration law eliminated the possibility for adjustment of status for natives of the Western Hemisphere.

"The Immigration and Naturalization Service of the United States Department of Justice is responsible for carrying out this law. It will have forms printed in English and Spanish for the use of refugees who wish to apply for permanent status. Completed applications are to be returned to local Immigration and Naturalization Service offices. The date when the application is received in that office will be the control date for determining the 30-month period of residence which can be credited. The local Immigration and Naturalization Service Office will notify the applicant where to appear for an interview and will notify the applicant of his adjustment. The applicant may appeal if he is not satisfied with the Immigration and Naturalization Service action.

"The local Immigration and Naturalization Service Office of the United States Department of Justice will waive its usual fee of \$25, also the local office of the United States Public Health Service will waive its usual fee of \$10 for Cuban refugees applying for permanent status.

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69-101 DETERMINATION OF ELIGIBILITY (Continued)

69-101

"Each applicant is required to provide a report of a chest X-ray and a serological test. These can be provided without charge in Miami, for those refugees who are unable to pay, by the medical clinic at the center for welfare cases. In other places public health departments, clinics or other health services may be able to provide them without cost. If not, the X-ray and serological test may be considered a special medical need, the cost of which will be met from federal funds available for Cuban refugees at rates paid for such services for other welfare recipients if the refugee is financially unable to meet the cost. The objective is to make it possible for all refugees who desire permanent status to be able to complete their applications for it.

"Public law 89-732 will make it possible for Cubans now on parole status in the United States for over two years to apply for permanent residence. This status will allow Cubans who are qualified in professions or skills to practice or be employed in areas where permanent residency is a requirement for licensing or certification, and it will also assist them in meeting the residency requirement for Medicare, Title XVIII, Part B."

Children born in the U. S. to a Cuban refugee parent(s) who is a noncitizen but who is registered at the **Coral Gables Center** and otherwise eligible may be assisted through the Cuban Refugee Program.

.244 Citizenship for Cuban Refugees

The federal policy requires that financial assistance be terminated when a refugee becomes a naturalized citizen of the United States. Therefore, it is essential, in determining eligibility for financial assistance, to make sure that former Cuban refugees who have become U. S. citizens are not provided assistance through the Cuban Refugee Program. This applies to all Cubans who are naturalized U. S. citizens, even though they are registered at the **Coral Gables Cuban Refugee Emergency Center** and their names appear on rosters or IBM cards sent to states to identify Cuban refugees eligible for financial assistance.

Citizenship status can be determined as follows:

Every Cuban refugee admitted to the United States as a parolee, irrespective of age, receives a Form I-94 from the United States Immigration and Naturalization Service for Identification. Those parolees who change their status to permanent residents surrender the Form I-94 for an identification card Form I-151. Every applicant for Cuban Refugee Assistance should be requested to produce his identification in order to establish that he is not a citizen. Questionable cases may be referred to the **SDH** for determination of status by providing the full name of each member of the applicant family, date and place of entry into the United States, and CF number by which he is registered at the **Coral Gables Cuban Refugee Emergency Center**.

No Cuban refugee is ineligible for Cuban Refugee Assistance on the basis of citizenship until he obtains his final citizenship papers.

In view of the above, the nationality of the male spouse will determine whether the family can be assisted through the Cuban Refugee Program, as set forth in **SDBF** Manual Chapter 69-100, Section 69-101.241.

If the former Cuban refugee who has become a U. S. citizen appears to be eligible for **SSI or AFDC**, he should be advised of his right to apply. Application for **such** assistance should be processed as rapidly as possible so as to avoid interruption in assistance.

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69-101 DETERMINATION OF ELIGIBILITY (Continued)

69-101

.245 Resettled Cuban Refugees Visiting Miami

Resettled Cubans are discouraged from returning to Miami to live. Those who do so will endanger their eligibility for financial assistance. Assistance payments to Cuban refugees while visiting in Miami will continue only when circumstances such as illness of a close relative, family reunion and other similar situations exist. Except in unusual circumstances, such assistance should not be continued longer than 60 days. This should be made known to the recipient before he departs for Miami.

.3 Eligibility Requirements.31 Registration at the Refugee Center in Coral Gables

In no instance can this requirement be waived.

.32 Resettlement

This requirement may in some instances be waived (see application process).

.33 Need

Eligibility of Cuban refugees on the basis of need is determined as provided in Need, Income, Aid Payments and Property chapter (69-105).

.34 General

The Cuban Refugee Program is a resource available, without time limitation, to Cuban refugees who meet the eligibility requirements as set forth in this chapter. **EAS Manual Section 44-103.2 requires** an applicant for or a recipient of categorical aid to avail himself of resources to which he is entitled. Accordingly, a Cuban refugee applying for assistance is expected to take advantage of the resource available to him under the Cuban Refugee Program and is not eligible to assistance under the categorical aid programs. Similarly, no transfers should be made from the Cuban Refugee Program to categorical aid as the Cuban refugee has a resource available to him which will meet his need as determined under the categorical aid standards.

**Cuban refugees who apply for assistance through the Cuban Refugee Program after January 1, 1974 and who are presumptively eligible for SSI, shall be referred to the nearest Social Security district office. A child born in the United States whose mother is an eligible Cuban refugee and unmarried, is eligible for assistance in the Cuban Refugee Program.**

Cuban refugees already transferred to categorical aid may remain on categorical aid or may be transferred back to the Cuban Refugee Program at the option of the county, provided the recipient is not disadvantaged thereby.

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69-101 DETERMINATION OF ELIGIBILITY (Continued)

69-101

.42 Persons Resettling to This State from Another State

Each of these cases must be reviewed and approved by the DHEW. Thus, if an application is received from a Cuban refugee in this circumstance, Form AA 225 shall be sent, but with a brief summary of the situation in the space provided for "Explanation/Comment." The form will then be sent to the DHEW for review and approval. Notice of that department's determination of eligibility will then be sent to the county.

.5 Recipients Who Move (Resettle) to Another City Within the State

Some Cuban refugees move from the city to which they were resettled by the voluntary agency at the **Coral Gables** Cuban Refugee Center. Usually they are motivated by the belief that employment opportunities are better elsewhere or they want to be closer to relatives. It is preferable that resettled Cuban refugees considering such a move should consult the local affiliate of the resettling voluntary agency and the local public welfare agency in regard to the practicality of such a move.

For example, information may be made available about employment opportunity, availability and cost of housing, etc., which might affect the decision to move. However, since the objective of the resettlement program was realized in their resettlement from Miami, Cuban refugees who subsequently move (resettle) themselves without the consultation mentioned above, may be considered as resettled Cuban refugees provided it is clear that the move was made to improve their situation such as to obtain employment or to be near relatives. As in the case of any Cuban refugee applying for assistance, the agency will need to assure itself that the refugee who has resettled is registered with the **Coral Gables Cuban Refugee Emergency Center** and was resettled from Miami by one of the aforementioned agencies.

When a public welfare agency has been consulted by a resettled Cuban refugee about locating in another city, the public welfare agency in the community to which the Cuban refugee is moving should be informed of the move and the reason therefor. The county currently paying aid ordinarily sends a case summary to the receiving county and discontinues assistance at the end of the month in which the recipient moves to the second county.

.6 Restorations — General

If a refugee reapplies within the same county regardless of the date of discontinuance and all factors of eligibility are established, there is no need to send another application form to the State Department of Health. The case should be added to the county's regular monthly claim.

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69-101 DETERMINATION OF ELIGIBILITY (Continued)

69-101

.7 Reinvestigation Requirements

It is the responsibility of the county department to insure that continuing eligibility exists and the county may investigate eligibility as often as is deemed necessary.

.8 Applicant and Recipient Responsibility — General

As applicant or recipient, the individual is responsible for:

.81 Making available to the county department all documents that are pertinent to eligibility and are in his possession or available to him.

.82 Reporting all facts known to him which he believes to be material to his eligibility or which the county department has identified to him as affecting his eligibility.

.83 Reporting promptly any change in these facts.

.9 Employment and Training

The applicant or recipient is required to accept, within his capabilities, all employment or training which is offered him by the sponsor or arranged by the county welfare department. The county welfare department should utilize the services of the California **Employment Development Department** and all other resources such as vocational schools, adult education and apprenticeship training.

The applicant or recipient is not eligible for the services of the WIN program. However, he is eligible for **Social and Rehabilitation Services; SDH Section 30-165. If he wishes, he may be included in the Educational Training Program; Section 31-200.**

If an applicant or recipient who is once placed in suitable full-time employment, etc., voluntarily terminates such employment without good cause, ineligibility results.

It is incumbent upon the county to satisfactorily determine the facts in all instances and take appropriate action.

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(Pursuant to Government Code Section 11380.1)

**69-103 RECORDS, FORMS, AND CONTROLS**

69-103

**.1 County Department Responsibility for Case Record**

The county is responsible for maintaining a case record for each applicant and/or recipient which shows, clearly and accurately, who was aided, the assistance or service given and the purpose, and the data substantiating the need for assistance or service.

A separate case record is to be established for each individual or family receiving assistance or services. For continuing cases, all changes in the status of each case and the dates on which changes occurred are to be recorded.

**.2 Case Numbers — General**

The county may use any combination of numbers or letters found adequate for easy identification, accounting or control purposes within its own department(s).

However, the Cuban Refugee Center file number is the identifying number used by the Department of Health, Education, and Welfare and the State Department of Health. All application forms, the monthly claim form, and correspondence regarding applicants or recipients must show the Refugee Center file number.

**.3 Forms — General**

All forms used, e.g., authorization forms, should be clearly marked "Cuban Refugee Program."

**.31 Required Forms (These are available free of charge to the counties)**

**.311 AA 225 — Resettlement Information**

In order to insure federal reimbursement, this form or a substitute which provides the same information and same title should be submitted as soon after the initial interview as possible.

Only one copy of this form is needed for the cases of those persons resettled directly to this state. Three copies of this form are to be submitted when approval of the DHEW is needed as in the case of a refugee who was resettled to another state prior to coming to California.

The list of names of refugees this department receives (those resettled directly to this state) is on the basis of the date of resettlement. The date to be entered on the form is the date on which the refugee was resettled from Miami and not the date he arrived there, in California or the date he registered. With the correct date, the Center File (CF) number and the full name of the refugee, identification from the list is easily accomplished.

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(Pursuant to Government Code Section 11380.1)

69-103 RECORDS, FORMS, AND CONTROLS (Continued)

69-103

In cases which require federal clearance (refugee resettled to another state prior to coming to California) the identifying information noted above should be given. In addition, a full report of the refugee's reasons for coming to California and a report of his circumstances since arriving here is necessary. It should be remembered that the form must be submitted in triplicate. Some counties have found it useful to note on the form "Federal authorization needed before claiming." Notice of the federal agency's determination is forwarded to the county as soon as possible to minimize the loss of county funds if eligibility for aid under this program is denied.

**.312 Expenditure Statement and Claim for Reimbursement**

10th of Form AA 223, Expenditure Statement and Claim for Reimbursement, Form AA 223A, Aid Payroll (Contra Roll), and Form AA 223B, Claimable Staff Costs, must be completed monthly and submitted to the State Department of Benefit Payments no later than the 10th of the month following that for which a claim is made. Form AA 223 will be signed by the county welfare director or his delegated agent. If the certification is accomplished by an agent of the welfare director, the name and title of the agent signing the certification shall be shown. Facsimile signatures may be used on the second and third copies only. Form AA 223A, Aid Payroll, and AA 223B, Claimable Staff Costs, will accompany the AA 223, Expenditure Statement and Claim for Reimbursement and will be submitted in triplicate. No substitute may be used for Form AA 223, Expenditure Statement and Claim for Reimbursement. Counties may use substitute forms for AA 223A, Aid Payroll (Contra Roll) or Form AA 223B, Claimable Staff Costs, provided the substitute forms contain all of the information provided for in Form AA 223A and AA 223B. When reporting information on Form AA 223A, Aid Payroll, all aid paid to the recipient or to the family other than medical care will be reported under maintenance and transportation. In the column provided for medical care costs, report those items of medical care provided within the limitations specified in the Need, Income, Aid Payment and Property chapter of this guide. All claimable medical care is accomplished by vendor payments rather than direct payment to the recipient or to the family. Claimable Staff Costs reported on Form AA 223B shall be in accordance with Sections 69-109.2 and .3 of this chapter.

SDBP will process all claims submitted by the counties for reimbursement of maintenance and administrative expenses. SDH will process all claims submitted by the Fiscal Intermediary for medical care.

**.32 Other Forms**

The county may use such other forms as it may deem proper for the orderly and accurate operation of the program. All such forms should be clearly marked "Cuban Refugee Program" for easy identification in an audit.

**.321 Additional Reporting Requirement**

Beginning with the January 1974 claim for reimbursement, it will be necessary for the counties to include on the back of Form AA 223A (a) the number of adult Cuban refugees whose assistance has been terminated due to the receipt of SSI and (b) the number not on assistance who are referred for SSI.

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(Pursuant to Government Code Section 11380.1)

69-105 DETERMINATION OF NEED, INCOME, AID PAYMENTS AND PROPERTY

69-105

.1 Determination of Need

.11 The total standard of assistance for persons who meet the eligibility requirements for the Cuban Refugee Program includes:

.111 Minimum needs common to all recipients.

.112 Special needs.

.113 Medical care as provided in this chapter.

.12 All persons applying for and receiving aid under this program are responsible for reporting promptly to the county any changes which affect the determination of need.

.13 Minimum Needs - Definition

Minimum needs are those common to all recipients living in like circumstances. Minimum needs and the amounts required to meet such needs differ according to living arrangements.

.14 Special Needs - Definition

Special needs are those which are not common to all recipients and which arise out of need for certain goods and services, physical infirmities or other conditions peculiar to the individual's or family's circumstances. These may be for items or services not provided as minimum needs or for greater amounts to meet the cost of minimum need items.

.2 Need Standard, Aid Payments and Property

The Cuban refugee is entitled to receive the same amount of assistance under the Cuban Refugee Program that he would receive if he were otherwise eligible for categorical assistance. Thus, need, income, aid payments, and property\* of the Cuban refugee are determined in accord with the appropriate provisions of the SDBP Manual as follows:

\* All property holdings located in Cuba, of applicants/recipients, are excluded unless or until such time as the property is, in fact, available for utilization by the refugee.

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(Pursuant to Government Code Section 11380.1)

69-105 DETERMINATION OF NEED, INCOME, AID PAYMENTS AND  
PROPERTY (Continued)

69-105

.21 Adult Cases

The ATD standard of assistance as stated in the EAS Manual for December, 1973 is applicable for all adults not eligible for SSI/SSP. Disability determination is not relevant.

.211 Minimum Needs of Recipient in Living Arrangements

Needs, as set forth in the chart following, are considered common to every recipient. An independent living arrangement is one in which the recipient lives alone in his own rented or owned home, including a hotel, apartment house, etc. The minimum needs are to be allowed in the amount specified.

ITEM	OWN HOME		BOARD AND ROOM*
	Recipient Lives Alone	Recipient in Shared Living Arrangement	
Minimum needs common to every adult aid recipient . . . . .	\$ 92.00	\$ 92.00	\$ 55.00
Minimum need related to disability . . . . .	35.00	30.00	30.00
Chapter 1022, Statutes of 1972 increase . . . . .	12.00	12.00	12.00
TOTAL . . . . .	\$139.00	\$134.00	\$ 97.00
Housing allowance beyond minimum (Allowed if paid by recipient) . . . . .	\$0-63.00	\$0-45.00	\$0-87.00
Minimum and maximum need amounts . . . . .	\$139.00 226.00	\$134.00 179.00	\$ 97.00 184.00

\* Board and Room Does Not Necessarily Include All Meals

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69-105 DETERMINATION OF NEED, INCOME, AID PAYMENTS AND  
PROPERTY (Continued)

69-105

When the recipient's payment for board and room does not include all meals, special need for restaurant meals shall be allowed which when added to the cost of board and room, may not exceed a total of \$100 a month.

.22 Family Cases

The AFDC standard of assistance is applicable for all family cases. Children, regardless of age, who are living with their parents shall be included in the family budget unit.

If there is no family budget unit in cases where the parents are not receiving assistance under any program, the child living in the home may establish eligibility by writing to the Cuban Refugee Emergency Center in Coral Gables and obtaining a CF number.

Eligible children living with parents who are receiving SSI benefits shall be paid at the AFDC standard of assistance with full need being met.

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69-105 DETERMINATION OF NEED, INCOME, AID PAYMENTS AND PROPERTY  
(Continued)

69-105

.3 Medical Care

.31 General Policy Statement

Because of fiscal limitations, the California Medical Assistance Program (Medi-Cal) is not available to persons eligible for benefits under the Cuban Refugee Program. Medical care for such persons will continue to be purchased and funded through the Cuban Refugee Program subject to the following limitations.

.32 Scope and Limitations

.321 The scope of care available to Cuban refugees who are eligible under the Cuban Refugee Program for a cash grant for their maintenance needs shall be consistent with the scope of care available to public assistance recipients under the California Medical Assistance Program (Medi-Cal). (See Title 22, Cal. Adm. Code, Div. 3, Chapter 3, Article 4.)

.322 The scope of care available to Cuban refugees who would be eligible for a cash grant under the Cuban Refugee Program, except that their income exceeds their maintenance need, shall be consistent with the scope of care available to medically needy persons under the California Medical Assistance Program. (See Title 22, Cal. Adm. Code, Div. 3, Chapter 3, Article 5.)

Such person or family shall share in the cost of their medical care to the extent that their income exceeds their maintenance need under the appropriate need standard.

Maximum allowances for medical care provided to eligible Cuban refugees shall be based upon reasonable and customary fees charged for comparable services in the community but not to exceed the state schedules of maximum allowances published by the State Department of Finance when such schedules cover the type of care provided.

.33 Procedures

In order to maintain a claim delivery and services reporting system for Cuban refugee health care beneficiaries, the following procedures for county welfare departments are applicable.

.331 Notify Cuban refugees of the availability of medical coverage through the Medi-Cal program.

.332 Issue Medi-Cal I.D. card in behalf of the Cuban refugee health care beneficiary.

.333 Identification Number:

- a. County Code - should be identical to that code used in the Medi-Cal program.
- b. Aid Category Code - Group I eligibles to be identified by a two-digit Code 08 (cash grant). Group II eligibles to be identified by a two-digit Code 07 (Medically Needy Only).
- c. Serial Number - The case or serial portion of the identifier to be the seven-digit Cuban Refugee center file number of each eligible. It is particularly important that the Cuban Refugee center file number be an integral component of the identification number assigned. This will be the unique identifier by which Cuban Refugee program officials will audit health care claim payments.

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(Pursuant to Government Code Section 11380.1)

**69-105 DETERMINATION OF NEED, INCOME, AND PAYMENTS AND PROPERTY (Continued) 69-105**

- d. Family Codes - For each family all persons with the family case will have an FBU and person's number identical to those assigned regular state welfare numbers.
- e. Adult Cases - When the issuance of duplicate center file numbers has been assigned (e.g., for the husband and wife), then FBU and persons number will also be reported in these cases as they have been for family cases. This will allow DBP to distinguish one adult from another when the same center file number exists.

- 4 Following the procedures outlined in MPP/ Manual Chapter 28-100, Cuban refugee recipients' eligibility is to be submitted to the Master Persons File. The rules applicable for all single adult cases are those from the OAS category, while family cases are reported under the rules applicable to AFDC-FG cases (i.e., submit FBU and persons numbers where appropriate, otherwise submit zero FBU and persons numbers).

All grants, restorations and discontinuance actions appropriate for the categorical aid programs, apply to the Cuban refugees. Cuban refugees are NOT currently eligible for Buy-In Medicare benefits and will therefore not need any SSA claim number. If an SSA or Railroad Retirement number is in effect, this number may be submitted.

**69-107 DETERMINATION OF POTENTIAL RESOURCES**

**69-107**

**.1 Transition Allowances**

When refugees are resettled, experience has demonstrated that it usually takes them from 45 to 60 days to find housing, obtain employment and receive the first paycheck. During this period there may be unusual expenses such as short time stays in hotels and restaurant meals until low-cost housing can be located for someone without furniture and household equipment.

Accordingly, the transition allowance amounting to \$100 for a family and \$60 for a single person is paid to every Cuban refugee receiving financial assistance from the Florida Department of Public Welfare at the time of resettlement from Miami from one of the participating voluntary agencies.

Transition allowances give assurance to the refugee and his sponsor that the former will not be stranded without funds when he reaches the community of resettlement. Therefore, it is anticipated that these allowances should contribute to an increase in resettlement of Cuban assistance recipients from Florida by making them more receptive to resettlement and by increasing the number of sponsors willing to accept refugees for resettlement. Also, transition allowances may reduce the need for additional financial assistance in becoming established in a new community. If additional assistance is needed, it may be furnished in accordance with these policies and procedures.

A check for the transitional allowance is mailed on the day of departure from Miami to the Cuban refugee at his address where he is to be resettled. In most cases, this check should be received within two to three days. The transition allowance is in addition to the regular assistance checks, from the Florida Welfare Department, which are received during the first four days of the month for which the payment is made. (See Aid Payment chapter.)

**.2 Local Sponsors**

Sponsors are not legally required to support refugees. However, they are considered a very valuable resource and contact with them is required to determine the extent to which they can help the refugee.

As far as possible they should be looked to for assistance to refugees in securing necessary furniture, housekeeping equipment and in maintaining themselves until income from employment or other sources is available to meet the refugees' needs.

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CONTINUATION SHEET  
FOR FILING ADMINISTRATIVE REGULATIONS  
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

69-109 MISCELLANEOUS

69-109

**.1 Fiscal — General****.11 Funding**

The Cuban Refugee Program is fully funded by the Federal Government and it provides assistance to eligible Cuban refugees for maintenance and medical care.

**.12 Accounting and Control**

Separate accounts shall be maintained for this program in order that the transactions may be readily segregated from those of other programs of the agency.

The accounts shall reflect all disbursements for Cuban refugees by the following types of transactions: "Maintenance" and "Medical Care."

Records and controls will also reflect all amounts recovered from or on behalf of recipients in the form of repayments or collections. Monthly claims for reimbursement prepared on Form AA 223 shall include any amounts recovered as well as reporting cancelled warrants.

**.13 County Responsibility**

It is the responsibility of the county department to insure that only eligible persons are assisted.

The monthly expenditure statement and claim for reimbursement is audited insofar as possible by SDBP staff. If "claim cuts" are made the county shall be notified and the reason shall be given. However, the federal agency is the final authority and should the county wish to dispute the state "claim cut" additional information should be submitted to SDBP. All information will then be forwarded to the Department of Health, Education, and Welfare for decision.

**.2 Basis for Federal Participation in Staff Costs**

.21 Extra identifiable costs are defined to be the salaries, employee benefit and travel costs of caseworkers assigned by a local agency to work full time on the Cuban Refugee Program.

.22 Reimbursement is based upon the number of Cuban refugee cases handled by a local agency and the actual number of employees working full time on this program. The salary of one employee may be reimbursed for each 60 cases handled per month, provided that the local agency actually has staff working full time on this program. Thus, when an agency's work load of Cuban refugee cases reaches 60, the agency may claim reimbursement for one caseworker who is devoting full time to these cases; when the caseload reaches 120 cases, reimbursement can be made for two caseworkers, etc. When the caseload is fluctuating, it will be possible to reimburse for caseworkers carrying less than 60 cases, provided that they are devoting full time to these cases. For example, if any agency has been assisting 165 cases, it can claim reimbursement for two caseworkers until the caseload drops below 90 cases, and if the caseload continues to decline below 90, reimbursement may be made for one caseworker so long as the caseload is not less than 45.

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CONTINUATION SHEET  
FOR FILING ADMINISTRATIVE REGULATIONS  
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

69-109 MISCELLANEOUS (Continued)

69-109

.23 Cases handled are cases receiving financial assistance or medical care.

.24 Direct charge may be made to the Cuban Refugee Program according to the above formula for any employee assigned to work full time on the Cuban Refugee Program.

.3 Procedures in Claiming Reimbursement for Staff Costs

The claim for the allowable cost of staff is to be appended to the monthly claim for reimbursement (Form AA 223).

For audit purposes, the agency's fiscal records must identify the individual employee selected for direct charge to the Cuban Refugee Program and the salary amounts for which reimbursement is claimed and received.

The above is not to be considered as a work load standard, but as a method of reimbursing state and local agencies for certain extra identifiable costs under specified circumstances. It gives recognition to those agencies which have assigned staff to work full time on Cuban refugee cases in order to achieve the purposes of the program more effectively and efficiently.

.4 Residence

No recognition is given to requirements regarding residence for the purposes of this program. The place where the applicant or recipient is physically present is considered to be his place of residence.

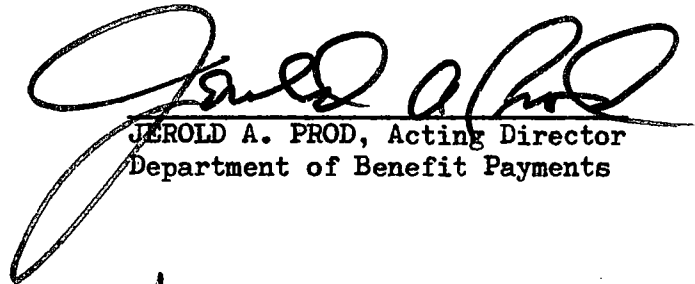
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WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

There are no state-mandated local costs in these regulations since the programs are totally federally funded.

Approved by:



JEROLD A. PROD, Acting Director  
Department of Benefit Payments



MARIO G. OBLEDO, Secretary  
Health and Welfare Agency



MARION J. WOODS, Director  
Department of Benefit Payments

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(Pursuant to Government Code Section 11380.1)

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AUG 21 1975

Office of Administrative Hearings

**ENDORSED**

APPROVED FOR FILING

(Gov. Code 11380.2)

AUG 21 1975

Office of Administrative Hearings

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Copy below is hereby certified to be a true and correct copy of regulations adopted, or amended, or an order of repeal by:

Department of Benefit Payments

(Agency)

Dated: August 12, 1975

By: *Marion J. Woods*

Director

(Title)

**FILED**In the office of the Secretary of State  
of the State of California

AUG 21 1975

At 1:25 o'clock P.M.

MARCH FONG EU, Secretary of State

By *Miep R. Kershner*  
Deputy Secretary of State

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After proceedings had in accordance with the provisions of the Administrative Procedure Act (Gov. Code, Title 2, Div. 3, Part 1, Chapter 4.5) and pursuant to the authority vested by Sections 10552, 10553, 10554 and 10604 of the Welfare and Institutions Code, the Department of Benefit Payments hereby repeals, amends, and adopts regulations referred to in Title 22, California Administrative Code, as hereinafter set forth.

This order shall take effect on the thirtieth day after its filing with the Secretary of State as provided in Section 11422 of the Government Code.

Amend:	Sections 41-407.12	41-440.32
	41-407.26	41-440.41
	41-407.31	44-101.533
	41-407.314	

Adopt:	Sections 10-501.4	41-407.317
	41-407.13	41-430.4

Renumber:	Sections 10-501.5	(from former 10-501.4)
	10-501.6	(from former 10-501.5)
	10-501.7	(from former 10-501.6)
	10-501.8	(from former 10-501.7)
	10-501.9	(from former 10-501.8)
	41-430.5	(from former 41-430.4)
	41-430.6	(from former 41-430.5)
	41-407.318	(from former 41-407.317)
	41-407.319	(from former 41-407.318)

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CONTINUATION SHEET  
FOR FILING ADMINISTRATIVE REGULATIONS  
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

10-501 INCOME MAINTENANCE RESPONSIBILITIES (Continued)

10-501

AFDC

.4 Referrals to Assess the Need for Employment, Manpower, and Training Services

Income maintenance staff shall be continuously responsible for referral of  
all AFDC applicants and recipients who are not exempted under Section 41-407.2  
to the Employment Development Department to be registered for employ-  
ment, manpower and training services (see Section 41-407.3).

AFDC  
APSB

.5 Other Referrals for Service Assessment

Income maintenance staff shall be continuously responsible for identification  
of the possible need for services assessment. Referral with the knowledge  
(within the limitations of 10-303)  
and consent of the client / shall always be made promptly upon initial  
identification of any one of the following conditions:

.51 Service is requested by the client.

.52 Information on the client's statement of facts provides clues as to a  
need for services.

.53 There appears to be a need for protective services.

.54 A child or adult is in out-of-home care.

.55 There appear to be physical or mental handicaps or unmet medical  
needs which limit an individual's ability to care for himself or to  
manage his affairs.

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WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

10-501 INCOME MAINTENANCE RESPONSIBILITIES (Continued)

10-501

AFDC  
APSB

.56 The individual is on leave of absence from a state hospital.

.57 There is an out-of-wedlock pregnancy or an out-of-wedlock birth within the past two years.

.58 An individual appears to be in need of help in handling his feelings about establishing eligibility or need.

.6 All other staff of the county welfare department have similar responsibility to refer to the service system any individual coming to its attention who meets the conditions in .5 above.

.7 The responsibility of the eligibility worker in relation to services ceases at the point at which referral is accomplished.

.8 All referrals for service assessment shall be made on Form ABDM 261 (Services Referral/Completion Form) whether initiated in person or by telephone.

.9 The county welfare department shall assure that adequate procedures exist for referral in relation to Fraud and Suspected Law Violations in accordance with Section 20-200, et seq.

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WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

41-407 REQUIREMENTS TO REGISTER FOR EMPLOYMENT MANPOWER SERVICES,  
OR TRAINING (Continued)

41-407

AFDC.1 Employment Requirement (Continued)

.12 if an applicant, shall not during 30 consecutive calendar days  
immediately prior to the beginning date of aid have, without good cause,  
quit, been discharged for willful misconduct, or refused  
voluntarily/ to apply for or accept a bona fide offer of employment  
meeting any applicable minimum wage requirement. Determination of  
good cause shall be made by the county in accordance with the  
following criteria:

.121 The employment is in excess of his physical or  
mental capacity.

.122 The employment violates applicable health and  
safety laws and regulations.

.123 The wage offered for employment is less than the applicable state  
or federal minimum wage, whichever is higher.

.124 The job is available due directly to a bona fide strike  
or lockout.

.125 Acceptance of the employment will preclude completion of a job  
training or educational program approved by the state or county.

.126 He is ill or required to care for an ill member of the immediate  
family and no other care arrangements are feasible.

.127 Child care arrangements cannot be made.

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WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

41-407 REQUIREMENTS TO REGISTER FOR EMPLOYMENT MANPOWER SERVICES,  
OR TRAINING (Continued)

41-407

AFDC

other than a WIN participant,  
.13 if a recipient, shall not while in receipt of aid have, without good cause,  
voluntarily quit, been discharged for willful misconduct or refused  
/ to apply for or accept a bona fide offer of employment  
meeting any applicable minimum wage requirement. Determination of  
good cause shall be made by Employment Development Department  
(or the SAU in non-colocated counties) in accordance with the criteria  
listed in 41-407.12. If it is determined that good cause did not  
exist, the recipient who refused shall be discontinued for 30 days following  
the effective date of discontinuance. If the recipient is an AFDC-U  
parent, the entire recipient family shall be discontinued. It shall  
be the responsibility of the county to:

- .131 Inform the AFDC-U parent that he may request restoration at the  
expiration of the 30 days in those cases where the entire family  
has been discontinued.
- .132 Restore automatically a member of the family who has been dis-  
continued from the FBU if otherwise eligible.
- .133 Discontinue as specified in .13 above in accordance with 41-440.32.
- .134 Apply this discontinuance within 120 days of the act of non-  
cooperation unless the proposed action is appealed by the recipient.  
In such case, the termination shall then be effective upon receipt  
of the Fair Hearing decision by the county department upholding  
the good cause determination.

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(Pursuant to Government Code Section 11380.1)

41-407 REQUIREMENTS TO REGISTER FOR EMPLOYMENT, MANPOWER SERVICES  
OR TRAINING (Continued)

41-407

AFDC

.26 Residing at a location which is too remote from a work incentive project. (Work incentive project is defined as a project conducted at a facility approved by the Employment Development Department which provides employment, manpower services or training); or

41-407 REQUIREMENTS TO REGISTER FOR EMPLOYMENT, MANPOWER SERVICES  
OR TRAINING (Continued)

41-407

.3 County Responsibilities for Referral of Potential Registrants to the Employment Development Department.

.31 Applicants for AFDC or current nonregistered AFDC recipients at time of redetermination of eligibility for benefits, shall be referred by the county to the Employment Development Department for registration for employment, manpower services, and training. If the individual is not an AFDC-U Parent, the county may exempt him from registration with EDD because he is:

.311 A child under the age of 16; or

.312 A child 16 or older but under 21 years of age who is in school full-time; or

.313 65 years of age or older; or

.314 Residing at a location which is too remote from the work incentive project. (Work incentive project is defined as a project conducted at a facility approved by the Employment Development Department which provides employment, manpower services or training); or

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(Pursuant to Government Code Section 11380.1)

41-407 REQUIREMENTS TO REGISTER FOR EMPLOYMENT, MANPOWER SERVICES  
OR TRAINING (Continued)

41-407

AFDC

.315 The mother or caretaker relative of a child under 6 years of age including an unborn child, or

.316 A mother or other female caretaker of a child if the father or adult male relative is not exempt from registration and is registered and has not refused without good cause to participate in a work incentive program or to accept employment.

.317 A caretaker whose presence in the home is required on a substantially continuous basis because of the illness or incapacity of another member of the household as verified by a physician; or

.318 A father who is unable to work because of his incapacity and that is the family's basis of deprivation; or

.319 Obviously incapacitated so that all possible benefit from employment, manpower services or training is precluded, such as an individual who:

- a. is hospitalized,
- b. is confined to a bed or wheelchair, or
- c. uses a prosthetic device which precludes employment.

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WITH THE SECRETARY OF STATE**

(Pursuant to Government Code Section 11380.1)

41-430 PHYSICAL OR MENTAL INCAPACITY OF A PARENT (Continued)

41-430

AFDC

.4 Referral to Department of Rehabilitation

Persons determined to be exempt from registration on the basis of incapacity/  
expected to last over 90  
days  
/ shall be referred to the Department of Rehabilitation.

.5 Deprivation Continued During Rehabilitation Plan

If otherwise eligible, aid is continued for an incapacitated parent until the county's plan of rehabilitation is complete unless:

.51 The plan is no longer feasible or desirable; or

.52 The family becomes ineligible for a reason other than recovery of a parent from incapacity.

.6 Completion of Rehabilitation Plan

The rehabilitation plan is completed when the county's plan for rehabilitation services and/or training plans have been successfully concluded and the recipient secures employment.

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WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

41-440 UNEMPLOYMENT OF A PARENT OR PARENTS (Continued)

41-440

AFDC

.3 Penalties for Refusing Employment or Job Training Without Good Cause

.31 WIN Families

All direct cash payments to the WIN family shall be terminated immediately upon receipt of notice from the Employment Development Department that the refusal was without good cause and AFDC shall be continued as a protective or vendor payment; subject to other conditions attached to the WIN sanction (see Sections 41-408.4 and 44-307).

.32 Non-WIN Families

AFDC to the non-WIN family shall be discontinued effective on the next installment delivery date following expiration of the 10 calendar day notice to the family that the refusal was without good cause. The county shall mail the advance notice immediately upon such determination by the

EDD (or the SAU in non-colocated counties).

.4 Discontinuance Due to Employment

- .41 Aid shall be discontinued, effective at the end of the month in which a parent accepts an offer of employment that is expected to provide him with more hours of work than specified in Section 41-440.1 during the following month. If the county is unable to discontinue aid at the end of such month because the 10 day advance notice period has not yet expired, aid shall be discontinued effective on the next installment delivery date.

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44-101 INCOME DEFINITIONS (Continued)

44-101

AFDC

- .533 Incentive payments \_\_\_\_\_ derived from participation in WIN.

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(Pursuant to Government Code Section 11380.1)

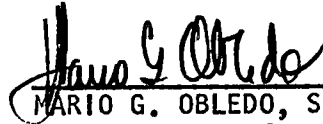
Notwithstanding Section 2231 of the Revenue and Taxation Code, there shall be no reimbursement pursuant to this regulation because there are savings in this regulation.

Approved by:



MARION J. WOODS, Director  
Department of Benefit Payments

Approved by:



MARIO G. OBLEDO, Secretary  
Health and Welfare Agency

Date: 8-15-75

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## DEPARTMENT OF BENEFIT PAYMENTS

744 P Street, Sacramento 95814



August 25, 1975

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AUG 26 1975

Office of Administrative Hearings

FILED

In the office of the Secretary of State  
of the State of California

AUG 26 1975

At 11:15 o'clock a.m.

MARCH FONG EU, Secretary of State

By Marjorie R. Herschberger  
Deputy Secretary of State

## CERTIFICATE OF COMPLIANCE - Section 11422.1, Government Code

The Department of Benefit Payments hereby certifies that said agency has, within 120 days of the effective date of the emergency regulations (or order of repeal) filed with the Secretary of State on 5/6/75, given notice of the adoption thereof and afforded interested persons the opportunity to present statements, arguments, or contentions in a manner substantially similar to that provided by Sections 11423, 11424, and 11425, Government Code.

Department of Benefit PaymentsBy Marion J. Woods  
MARION J. WOODS, Director

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CONTINUATION SHEET  
FOR FILING ADMINISTRATIVE REGULATIONS  
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

43-103 DEFINITIONS FOR PURPOSES OF SUPPORT RESPONSIBILITY (Continued)

43-103

AFDC.3 Unmarried Parent

An unmarried parent is a parent of a child included in the FBU who  
is not married to the child's other natural parent.

43-105 RESPONSIBILITY FOR SUPPORT (Continued)

43-105

AFDC.4 Unmarried Parent

The unmarried parent is responsible for the support of his/her  
child(ren) (including an unborn child).

The unmarried parent is not legally responsible for the support of  
his child's other parent nor of children not his/her own.

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CONTINUATION SHEET  
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WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

44-133 TREATMENT OF INCOME - AFDC (Continued)

44-133

AFDC.7 Income From Contribution By Unrelated Adult Male Living In The Home

The net amount of the contribution made to meet his own living expenses, plus any additional contribution made to the family budget unit, is net income to the family budget unit. See Section 44-113.5.

.8 Restricted Income

.81 When a child with restricted income (Section 44-101.2) is included in the Family Budget Unit, (Section 44-213.31) his restricted income is income to the Family Budget Unit.

.82 When a child with restricted income (Section 44-101.2) is not included in the Family Budget Unit, (Section 44-213.31) the restricted income shall not be treated as income to the Family Budget Unit except to the extent that the restricted income is actually used for or contributed to Family Budget Unit members.

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WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

The following facts constitute the emergency:

1. These regulations result from the Smock v. Carleson (47 Cal.App. 3d 960) decision which requires that the children of unmarried parents be treated the same as children of married parents. This decision was effective immediately and in order to comply, it is necessary for the Department of Benefit Payments to adopt regulations on an emergency basis which include unmarried parents in the Family Budget Unit with their children.
2. The attached regulations are adopted as emergency measures to become effective upon filing with the Secretary of State.

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(Pursuant to Government Code Section 11380.1)

44-213 THE FAMILY BUDGET UNIT (Continued)

44-213

AFDC .3 Needy Persons Living in the Home Who Shall Be Included As "Recipients"In The Same Family Budget Unit, Unless EXCLUDED By Section 44-213.5

.31 Children - All related eligible unmarried children, including the unborn child, for whom aid is requested by the child's parent or relative caretaker. A child receiving restricted income (Section 44-101.2), otherwise eligible, shall, at the option of the parent or relative caretaker requesting aid, be included in or excluded from the Family Budget Unit, with his income.

.32 Parent - The eligible child's natural or adoptive parent who requests aid on behalf of the child, and

.33 The child's other parent who is:

.331 The spouse of the eligible child's natural or adoptive parent when the basis for deprivation is the incapacity of a natural or adoptive parent, or the unemployment of the natural or adoptive father living in the home who meets federal conditions in Section 41-440.5.

.332 The eligible child's second unmarried natural or adoptive parent who is living in the home.

or

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(Pursuant to Government Code Section 11380.1)

44-213 THE FAMILY BUDGET UNIT (Continued)

44-213

AFDC

.413

An adult relative, as defined in Section 44-213.21, other than the parent's spouse, whose presence is required to provide care and supervision that cannot be given the eligible child by the only parent living in the home due to the parent's incapacity.

The following regulations are to be repealed effective immediately upon filing with the Secretary of State:

44-133.7 Income From Contribution By Unmarried Father

44-213.413


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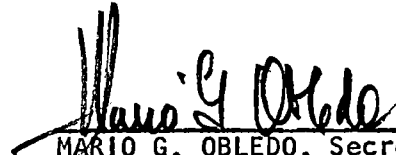
(Pursuant to Government Code Section 11380.1)

There are no state mandated local costs in these regulations because these regulation changes are made to comply with the decision of the California Court of Appeal.

Approved:

  
MARION J. WOODS, Director  
Department of Benefit Payments

Approved:

  
MARIO G. OBLEDO, Secretary  
Health and Welfare Agency

Date: 8-28-75

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WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

RECEIVED FOR FILING

SEP 5 - 1975

Office of Administrative Hearings

**ENDORSED**

APPROVED FOR FILING

Gov. Code 11380.2)

SEP - 5 1975

Office of Administrative Hearings

Copy below is hereby certified to be a true  
and correct copy of regulations adopted, or  
amended, or an order of repeal by:

Department of Benefit Payments

(Agency)

Dated: September 4, 1975

By: Director

*Marion J. Wood*

(Title)

**FILED**In the office of the Secretary of State  
of the State of California

SEP 5 - 1975

At 11:10 o'clock 9 M.

MARCH FONG EU, Secretary of State

By *Meirice R. Hershberger*  
Deputy Secretary of State

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DO NOT WRITE IN THIS SPACE

After proceedings had in accordance with the provisions of the Administrative Procedure Act (Gov. Code, Title 2, Div. 3, Part 1, Chapter 4.5) and pursuant to the authority vested by Sections 10552, 10553, 10554 and 10604 of the Welfare and Institutions Code, the Department of Benefit Payments hereby repeals, amends, and adopts regulations referred to in Title 22, California Administrative Code, as hereinafter set forth.

## FINDING OF EMERGENCY

The implementation of the following regulations is an emergency measure necessary for the immediate preservation of the public health, safety, and general welfare within the meaning of the provisions of Section 11421(b) of the Government Code:

REVISE: Section 40-171.22  
42-407.1

ADOPT: Section 42-430  
42-431  
42-433  
42-435  
42-436

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CONTINUATION SHEET  
FOR FILING ADMINISTRATIVE REGULATIONS  
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

FINDING OF EMERGENCY

REVISE SECTION: 40-171.22

42-407.1

ADOPT SECTION: 42-430

42-431

42-433

42-435

42-436

The following facts constitute the emergency:

1. The preliminary injunction of the Superior Court on February 4, 1975 in the case of Varela v. Swoap required that the Department of Benefit Payments be prohibited from using current interpretations and existing regulations for determining the eligibility of aliens for public assistance benefits.
2. The counties are currently operating under interim instructions per All County Letter 75-36 dated February 7, 1975. In that letter the counties were advised that "emergency regulations clarifying eligibility determination and verification procedures for aliens would be adopted shortly".

For the above reasons the attached regulations are adopted as emergency measures to become effective upon filing with the Secretary of State.

**CONTINUATION SHEET  
FOR FILING ADMINISTRATIVE REGULATIONS  
WITH THE SECRETARY OF STATE**

(Pursuant to Government Code Section 11380.1)

40-171 ACTION ON APPLICATIONS, INTERPROGRAM TRANSFERS AND INTRAPROGRAM STATUS CHANGES (Continued) 40-171

APSB

.22 Application or Request for Restoration Denied

.221 County action shall be taken to deny aid if:

- a. Proof of ineligibility for public assistance or for certification for medical assistance as medically needy is obtained. This does not apply when the applicant will become eligible within 60 days of his application. (See Section 40-171.11.)
- b. ~~All reasonable facts~~ concerning eligibility are examined without establishing eligibility.
- c. The applicant's whereabouts is unknown.
- d. The applicant fails to complete the Form WR 2.
- e. The parent refuses to accept reasonable employment or vocational rehabilitative training when either is appropriate. (See Chapter 30-150.)
- f. The parent who is available for employment and is physically and mentally able to work refuses to register for employment with the State Employment Development Department.
- g. The parent refuses to give necessary information or refuses reasonable cooperation with law enforcement officers in securing support from an absent parent.
- h. Ineligibility occurs after the legal beginning date of aid but before action is taken to grant aid.
- i. The applicant establishes residence in another state before the determination of eligibility is completed.

.23 Application or Request for Restoration Withdrawn

- .231 An application can be withdrawn only upon the voluntary initiative of the applicant or person applying on his behalf. The request for withdrawal shall be in writing.
- .232 There is no requirement that denial action be taken on an application which has been withdrawn.
- .233 Form DPA 8, Notice to Applicant Who Withdraws Application, is mailed or given to the applicant unless the county elects to take denial action, when the notification is by means of Form 239 or its equivalent.

.24 Application or Request for Restoration Cancelled

- .241 An application or request for restoration of a cash grant is considered cancelled if the applicant dies before the determination is completed.

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**CONTINUATION SHEET  
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WITH THE SECRETARY OF STATE**

(Pursuant to Government Code Section 11380.1)

**42-407 EVIDENCE OF RESIDENCE INTENTION**

42-407

**.1 Applicant or Recipient Physically Present in State**

AFDC  
APSB

The written statement of the applicant or recipient is acceptable to establish his intention and action on establishing residence unless the statement is inconsistent with other statements on the Form WR 2, Form WR 7, or with the conduct of the person or with other information known to the county.

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**.2 Absence from the State**

- .21 If an applicant or recipient does not respond, within 30 days, to the monthly county inquiry of residence (Section 42-406), it shall be presumed that he does not intend to maintain California residency and aid shall be discontinued immediately.
- .22 If the applicant or recipient responds to the inquiry, and advises the county that he does not intend to return to California, aid shall be discontinued immediately.

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(Pursuant to Government Code Section 11380.1)

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42-430 CITIZENSHIP AND ALIENAGE

42-430

This subchapter ("Citizenship and Alienage") provides, in effect, that only citizens of the United States and certain kinds of aliens are eligible for AFDC/ or APSB. It explains how citizens must prove their citizenship before eligibility is established, and it details the somewhat more complicated procedures by which eligible aliens may prove their eligibility, by producing certain kinds of documents, or can be referred to the Immigration and Naturalization Service ("INS") for verification of their eligibility if they cannot produce the required documentation. This subchapter also provides that aliens must fully complete Form WR 6 and must cooperate with the Immigration and Naturalization Service when INS is asked to verify their status (INS is the only agency capable of doing this) and must supply all information needed by INS to make such a verification.

42-431 ELIGIBILITY REQUIREMENTS

42-431

As suggested in Section /42-430, to be eligible for assistance an applicant or recipient must be a California resident who is either:

- .1 A citizen of the United States (defined for eligibility determination purposes to include persons who, though not United States citizens, are nationals of the United States by reason

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(Pursuant to Government Code Section 11380.1)

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42-431 ELIGIBILITY REQUIREMENTS (Continued)42-431.1 Continued

of their birth in certain unincorporated United States  
territories such as American Samoa or the American Virgin  
Islands), or

.2 An alien who is:

.21 Lawfully admitted for permanent residence; or

.22 Permanently residing in the U.S. under color of law.

Only the following classes shall be considered as coming  
within this category:

.221 Aliens lawfully in the U.S. as conditional entrants  
(refugees) pursuant to <sup>Section</sup> 203(a)(7) of the Immigration  
and Nationality Act, and not presently terminated as  
such by the U.S. Attorney General.

.222 Aliens lawfully in the U.S. for an indefinite period  
as parolees pursuant to <sup>Section</sup> 212(d)(5) of the Immigration  
and Nationality Act.

.223 Aliens granted indefinite voluntary departure in  
lieu of deportation.

.224 Aliens granted an indefinite stay of deportation.

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(Pursuant to Government Code Section 11380.1)

42-433 PROOF OF CITIZENSHIP OR ELIGIBLE ALIEN STATUS42-433AFDC  
APSB

A citizen must prove his citizenship to be eligible, as provided in Section  
42-433.2. An alien must either prove that he is in one of the  
eligible categories described in Section  
42-431.2 above, by presenting the  
appropriate documentation described in Section  
42-433.31 below, or must  
follow the procedure described in Section  
42-433.32.

.1 Cooperation

Every applicant and recipient shall provide all information  
necessary to determine his citizenship or alien status. An  
applicant or recipient whose citizenship is evidenced by a  
document issued by the Immigration and Naturalization Service  
(INS)(e.g., a naturalized citizen or person whose American citizen-  
ship is derived from the citizenship of another person) must  
cooperate with INS when the county desires that his documenta-  
tion be verified by INS (as when the documentation presented  
is believed by the county to be of doubtful authenticity).  
Every alien applicant shall fully complete Form WR 6 and shall  
also cooperate with INS in verifying his eligible alien status.  
Any applicant or recipient who refuses to cooperate in the  
verification of his status is not eligible. (See Sections  
40-105,  
40-157.3 and 42-433.1.)

.2 Documentation - U.S. Citizens

United States citizenship as defined in Section  
42-431.1 shall be  
documented by a birth certificate, baptismal certificate, or

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(Pursuant to Government Code Section 11380.1)

42-433 PROOF OF CITIZENSHIP OR ELIGIBLE ALIEN STATUS  
(Continued)42-433AFDCAPSB.2 Documentation - U.S. Citizens (Continued)

similar proof of birth in the United States or United States  
territory, U.S. passport, certificate of citizenship or  
naturalization provided by INS, or an identification card for  
use of a resident citizen in the United States (INS Form I-179  
or I-197). If such evidence is not available, the applicant  
shall state the reason and submit other evidence which proves  
the date and place of his birth in the United States or United  
States territory, or his citizenship. (Examples of "other  
evidence": a certificate of registration to vote; affidavits,  
or declarations made under penalty of perjury, by persons with  
direct knowledge of (1) the applicant's birth in the United  
States or (2) the American citizenship of the applicant's parents,  
or (3) facts concerning the applicant which would not exist if he  
were not a citizen, e.g., he has been registered to vote, or has  
voted, in public elections in the United States.) An applicant  
who declares himself to be a United States citizen as defined  
in / <sup>Section</sup> 42-431.1 but who cannot provide documentation or other proof  
is not eligible pending verification.

.3 Documentation - Aliens

.31 Every alien claiming eligible alien status as defined in  
Section  
/ 42-431 shall be required to present documentation of that  
status, if available, as follows:

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(Pursuant to Government Code Section 11380.1)

42-433

PROOF OF CITIZENSHIP OR ELIGIBLE ALIEN STATUS  
(Continued)

42-433

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APSB

.3 Documentation - Aliens (Continued)

.311 Aliens lawfully admitted for permanent residence  
Section  
( / 42-431.21 ) : INS Form I-151, or earlier Forms  
AR-3 and AR-3a if specifically endorsed to show legal  
right to reside permanently.

.312 Conditional Entrants (Refugees) ( / Section 42-431.221 ) :  
INS Form I-94 (Arrival-Departure Record), endorsed  
"REFUGEE - CONDITIONAL ENTRY."

.313 Parolees ( / Section 42-432.222 ) : INS Form I-94 (Arrival-  
Departure Record - Parole Edition) endorsed to show  
bearer has been paroled into the U.S. for an indefinite  
period pursuant to Section 212(d) (5) of the Immigration and  
Nationality Act.

.314 Persons granted indefinite voluntary departure  
Section  
( / 42-431.223 ) : Correspondence from INS so stating.

NOTE: An alien who declares or presents documentation that  
he is lawfully present for temporary residence (e.g.,  
a visitor whose period of admission has not expired  
or an alien paroled until a specific date which has not  
passed) is not eligible and may not certify as in .32  
below. (See / Section 42-403.2.)

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(Pursuant to Government Code Section 11380.1)

42-433 PROOF OF CITIZENSHIP OR ELIGIBLE ALIEN STATUS  
(Continued)

42-433

AFDC  
APSB.3 Documentation - Aliens (Continued)

NOTE: Documentation of doubtful authenticity - thought to be a possible forgery - shall be accepted as evidence of eligibility, but the related WR 6 shall be referred immediately to INS for verification. Documentation which does not fit any of the four categories described in Section 42-433.3 shall not qualify the applicant for aid, but a copy shall be referred immediately to INS with the related WR 6 for verification of the applicant's alien status. (See Section 42-433.34.)

.32 An alien unable to present the documentation in .31 above may establish his eligibility by a different procedure, which involves making a prescribed certification on the WR 6 form or furnishing certain affidavits, which are referred to INS to enable that agency to begin an investigation to determine the alien's status. Under this procedure, an alien applicant shall either:

.321 Certify on Form WR 6

(a) That he is in the country legally and is entitled to remain indefinitely, or

(b) That he is not under order for deportation, or

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(Pursuant to Government Code Section 11380.1)

42-433    PROOF OF CITIZENSHIP OR ELIGIBLE ALIEN STATUS  
(Continued)

42-433

AFDC  
APSE

.3    Documentation - Aliens (Continued)

(c)    That he is married to a person in the United  
States who is not under order for deportation; or

.322    Provide affidavits of two U.S. citizens attesting to  
the alien's continuous residence in the United States  
for five years or more.

.33    An alien who provides the documentation in .31 above, or  
who makes the certification or provides the affidavits  
required by .32, shall be presumed eligible under /<sup>Section</sup>42-431.2  
unless and until:

.331    INS informs the county that it has determined that  
the alien is not legally present in the United States  
in accordance with any of the criteria listed under  
Section  
/ 42-431.2, or

.332    INS informs the county that the alien has failed to  
comply with a notice to appear at an INS office to  
discuss his status, or has refused to provide informa-  
tion needed by INS to establish his status. ( See  
Section  
/ 42-433.1.)

.34    A copy of Form WR 6 shall be retained in the case file.  
A copy of the form shall be forwarded to INS in the following  
circumstances:

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(Pursuant to Government Code Section 11380.1)

42-433    PROOF OF CITIZENSHIP OR ELIGIBLE ALIEN STATUS  
(Continued)

42-433

AFDC  
APSB

.3    Documentation - Aliens (Continued)

.341    Documentation of eligible alien status required by  
Section  
/ 42-433.31 is not submitted, and the alien applicant  
resorts to the procedure described in    Section  
/ 42-433.32,  
above.

.342    The documentation of eligible alien status submitted  
in accordance with    Section  
/ 42-433.31 is of doubtful authen-  
ticity (e.g., it is believed that the document supplied  
may be a forgery).

.343    There is doubt as to the legal effect of a document  
submitted as evidence of eligible alien status (e.g.,  
it is not one of the documents described in    Section  
/ 42-433.31).

.35    Additional WR 6s may be sent to INS for verification even  
though documentation was submitted and no fraud is suspected  
if they are part of a randomly selected sample not to exceed  
one percent of the WR 6s completed per month.

42-435    LANGUAGE FLUENCY

42-435

If an alien applicant is not fluent in English, it shall be the duty  
of the county to provide an understandable explanation of documenta-  
tion requirements in a language in which he is fluent.

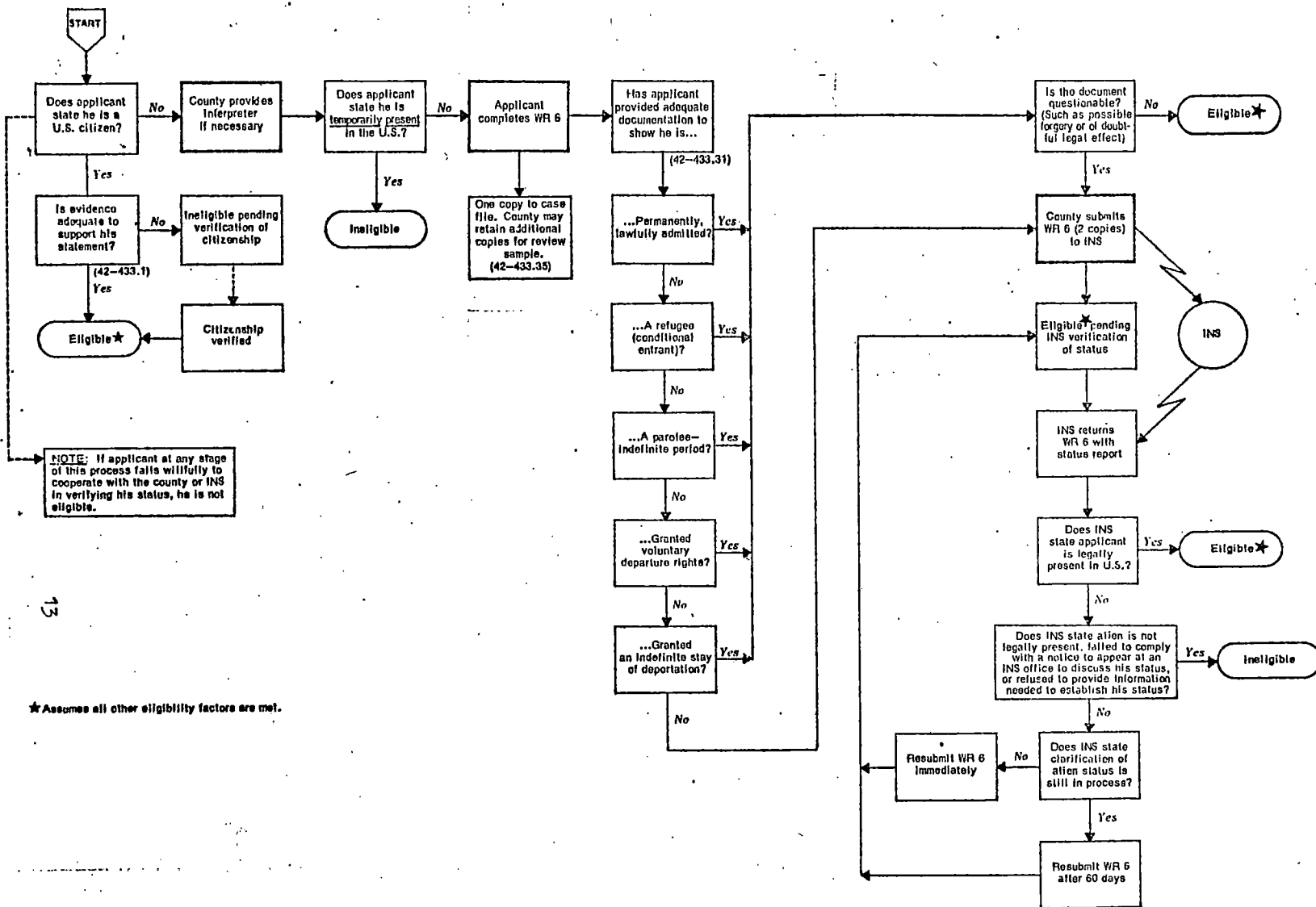
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(Pursuant to Government Code Section 11380.1)

**42-436 ALIEN STATUS VERIFICATION FLOW CHART**

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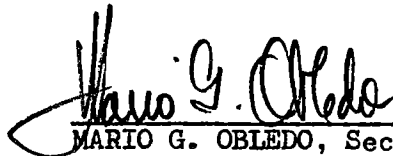
(Pursuant to Government Code Section 11380.1)

There are no state mandated local costs that are reimbursable under Section 2231 of the Revenue and Taxation Code because these regulations are designed to comply with the injunction issued in Varela v. Swoap and requirements of Federal law.

Approved by:

MARION J. WOODS, DIRECTOR  
Department of Benefit Payments

Approved by:

MARIO G. OBLEDO, Secretary  
Health and Welfare AgencyDate: 9-4-75

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